

Date Submitted: _____

Approved: _____AMS/GM

Meat Science Technology Center Wet Laboratory Research Record
Effective: June 1, 2014

For research projects being conducted in the Meat Science Technology Center's Wet Laboratory, please fill out the following to the best of your ability and return to A.M. Stelzleni. This sheet must be filled out prior to beginning research.

Was IACUC approval required: Yes No

If yes, IACUC Number: _____

Was IRB approval required (human subjects): Yes No If yes, IRB Number: _____

Graduate Student: _____

Major Faculty: _____

Brief Title: _____

Objectives:

Project Background/Narrative:

Date Submitted: _____

Approved: _____AMS/GM

Methodology (those for MSTC Wet Laboratory only):

*-Please include a brief explanation of the methods/analyses that will be conducted in the MSTC Wet Laboratory including the **reagents and equipment** that will be required, also please **include estimated number of samples for each analysis**.*

Estimated Timeline:

-It is understood that timelines are projected and may change, however, this will give the laboratory the ability to be somewhat prepared. If timeline changes occur please let us know as soon as possible.

Date Submitted: _____

Approved: _____AMS/GM

Does the MSTC Wet Laboratory need to order reagents and/or supplies: Yes No

If yes please include account number for charges: _____

Please list reagents/supplies and quantities the MSTC Wet Laboratory needs to order:

<u>Reagents/Supplies</u>	<u>Quantity</u>	<u>Preferred Vendor</u>
--------------------------	-----------------	-------------------------

--	--	--

*This can be filled out in Preview or Adobe using the typing tool. If additional space is required please attach pages at the end.