

## Mouse Metabolic Research Unit (MMRU) Use Request Form

Date of request:	Requestor's email:	Required fields	
All personnel accessing mice while in the MMRU must be listed below.			
Personnel:	Email:	Phone numbers:	
P.I.:			
Lead Contact:			
+ personnel:			
+ personnel:			
Grant charge source 10- digit number:			
Approved IACUC protocol 4- or 5- digit number: AN-			
Objective of Experiment:			

Description of Experimental Design and Protocol:
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Housing Requirements:
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Are your mice already housed in the CNRF? Yes No

If not, please see website for [mouse transfer procedure](#).

Diet(s) to be used:
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Do you require special housing conditions (e.g. altered light/dark cycle, room temperature)?

Yes No

If yes, describe in detail your special needs.
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**Requested dates for CLAMS scheduling for individual cohort****Preferred start date:****Range of acceptable start dates:** through**Requirements For CLAMS**

<b>CLAMS Systems:</b>	<b>Total cages available</b>	<b># of mice requested</b>	<b># of days requested</b>
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<b>Food intake/Adaptation</b>	<b>48</b>		
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**Calorimeter with food intake and activity monitoring:**

<b>Resting Metabolic Rate</b>	<b>Yes</b>	<b>No</b>	<b>28</b>		
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<b>with Running wheel</b>	<b>Yes</b>	<b>No</b>	<b>12</b>		
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<b>Body temperature monitoring</b>	<b>16</b>		
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<b>Treadmill:</b>	<b>Date(s)</b>	<b>Hrs</b>	<b>Date(s)</b>	<b>Hrs</b>	<b>Date(s)</b>	<b>Hrs</b>	<b>Date(s)</b>	<b>Hrs</b>
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<b>With metabolic monitoring</b>								
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**Total hours:****Body Composition****PIXImus** **Yes** **No****QMR** **Yes** **No**

Download completed file to save it and attached it to an email with "MMRU request" in the Subject line and send to [Marta Fiorotto](#)

Click the reset to use this form again and follow the directions above.

**Reset Form**