

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:

Are your mice already housed in the CNRF? Yes No

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

Diet(s) to be used:

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****CLAMS Systems:**Total cages
available# of mice
requested# of days
requested**Food intake/Adaptation****48****Calorimeter with food intake and activity monitoring:****Resting Metabolic Rate****Yes****No****28****With *Running wheel****Yes****No*****12****Body temperature monitoring****16****Treadmill:**

Date(s)

Hrs

Date(s)

Hrs

Date(s)

Hrs

Date(s)

Hrs

With metabolic monitoring**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