

SVM PROPOSAL ROUTING SHEET

I.A.V #:

TITLE:

TYPE OF AGENCY: INDUSTRY STATE FEDERAL OTHER

NAME:

If funded, does this need a CRIS report? Yes _____ No _____

DEPARTMENT

PHONE:

* Please CHECK each service necessary for the conduct of this study, indicating that appropriate individuals have been contacted:

- Analytical Systems Anesthesiology Clinical Pathology Diagnostic Laboratory
 DLAM (animal availability) Electron Microscopy Endocrinology Flow Cytometry
 Gene Lab Histopathology Incineration Necropsy Radiology Inhalation Toxicology
 Statistical Services Tissue & Organ Culture Toxicological Services Other

** For the SVM database, in the box below, please take a moment to fill out the Commodity Group and the Science Taxonomy. Please choose ONE from the choices below:

COMMODITY GROUP CHOICES: canine, feline, equine, swine, cattle, small ruminant, aquatic species, wildlife, exotic/avian, human, basic/all, other agriculture

Commodity Group:

SCIENCE/TAXONOMY: anatomy, animal physiology, pharmacology, toxicology, microbiology, bacteriology, mycology, virology, Parasitology, immunology, pathology, epidemiology, cell biology, genetics, molecular biology, clinical/dermatology, clinical/ophthalmology, Clinical/theriogenology, clinical/surgery, clinical/internal medicine, other.

Science/Taxonomy Group:

Percentage of time spent by PIs and Co-PIs

NAME	% of effort	NAME	% of effort

AGREEMENT

- * I agree that, if this proposal is funded, the research described will be conducted in accord with all policies of the Louisiana State University, including its existing Patent and Copyright policies.
- * This proposal has been discussed with appropriate individuals to assure that the necessary services, equipment, laboratory space, animal holding facilities, and personnel are available for the conduct of this study.

Signature of Principal Investigator

Date

APPROVED

PI's Department Head

Date

Associate Dean for Research

Date