

PLEASE FILL THIS FORM USING ADOBE READER OR ACROBAT

## **ANIMAL FACILITY ACCESS REQUEST**

First name:			Email ac	Email address:				
Last name:			Group le	Group leader:				
Date of birth:			Position	Position:				
Sciper No:		License	License(s) for animal experimentation, N°:					
Module 1 or equiva		YI	s No [					
Do you have the ag to be registered in	-	•	V	ES NO				
<ul><li>a) Informatio</li><li>b) Practical the inform</li></ul>	n session raining at ation sess	(see calendar to the requested	pelow) d unit(s). This	and it is divided second part sh mation session,	ould be per	formed withir		
Unit acce	ss requ	est						
On the columns « Access request », please, check the unit(s) access needed.								
SV animal house	Access request	CAV animal house	Access request	Annexes	Access request	MED anim house	nal Access request	
CONV		CONV		СІВМ		ZF Facility		
CONV P2		CONV P2		Al Petersen				
CONV C-Lab		CONV P3		Al Schneggenburge	er 🔲			
TRANSIT								
UDP								
UDP P2								
2025 Cale	ndar: Ir	nformation	sessions o	on CPG rules	3			
<u>Time:</u> 9:30 to	10:30am	Location	<u>n</u> : SV 1839					
Please, indica	ate the ses	ssion that you w	vill attend.					
January 9	<b>)</b> th		May 1 <sup>st</sup>		Septembe	er 11 <sup>st</sup>		
January 2	23 <sup>th</sup>		May 15 <sup>th</sup>		Septembe	er 25 <sup>th</sup>		
February	6 <sup>th</sup>		June 5 <sup>th</sup>		October 9	th		
February	20 <sup>th</sup>		June 19 <sup>th</sup>		October 2	3 <sup>rd</sup>		
March 6th			July 3 <sup>rd</sup>		November 6 <sup>th</sup>			
March 20	th		July 17 <sup>th</sup>		Novembe	r 20 <sup>th</sup>		
April 3 <sup>rd</sup>			July 31st		Decembe	r 4 <sup>th</sup>		
April 17 <sup>nd</sup>			August 14th		Decembe	r 18 <sup>th</sup>		

Please send to  $\underline{animal licenses@epfl.ch} \ this \ filled \ form, \ your \ CV \ and \ the \ module \ I \ certificate$ 

