NCTC Science Lab Request

(Revised 10/01/07)

Office Use Only

Forwarding Date: Initials:

Forwarding Date:

Initials:

Fax completed form to **Information Technology & Registrar (ITR)** on 304-876-7260 or Email to NCTC_Registrar@fws.gov

The following information is required to allow us to meet your training needs. For answers to questions about the lab rooms, floor plans, equipment, and supplies, please contact Gary Schetrompf, Science Lab Manager, at 304-876-7225, fax 304-876-7262, or Gary Schetrompf@fws.gov Once your request has been approved, ITR will contact you with a confirmation. Additionally, you will be contacted by the Lab Director to discuss your lab needs in detail. You will receive a list of lab equipment and supplies that may be reserved for use during your session.

Course or Event Title/Dates:		
Organization:		
Name of Contact:		
Telephone:	Fax:	
Email:		
Laboratory Space - Requested Dates:	Lab Dire	ector Approval:
toAquatic Resources L	ab (Rm G21L)	
toBiomedical Lab (Rm	121L)	
toBiology Lab (Rm. 21	8L, movable stations)	
Number of Students:		
Will you be using live animals: yes	no If yes, what species?	
Will you be using chemicals/animals pres	erved in chemicals: yes / no	vhat chemicals?
Describe specific lab room setup requirem	nents:	
Please fill out a <mark>Science Lab Equipme</mark> required for your course	nt and Supply Request Form for al	l equipment/supplies