

**PLEASE RETURN TO THE ACUC OFFICE  
BY FAX TO 301-846-6682  
AS SOON AS POSSIBLE**

**NCI-FREDERICK ANIMAL CARE AND USE COMMITTEE**  
*Facility Space and Resource Review*

- |                                          |                                              |                                               |
|------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Building 538    | <input type="checkbox"/> Building 550        | <input type="checkbox"/> SAIP                 |
| <input type="checkbox"/> Building 539 CB | <input type="checkbox"/> Building 567        | <input type="checkbox"/> DTP                  |
| <input type="checkbox"/> Building 539 CC | <input type="checkbox"/> Building 571        | <input type="checkbox"/> Receiving/Quarantine |
| <input type="checkbox"/> Building 539-2  | <input type="checkbox"/> Buildings 1022/1048 | <input type="checkbox"/> APA                  |

**Please review ASP \_\_\_\_\_ and check the appropriate item(s) below:**

- The resources and space needed to support this study are available.

*The following number of cages are available to support this study:* \_\_\_\_\_

\*If applicable, please list the enrichment device that will be utilized for this study:

\_\_\_\_\_

- The resources (i.e., equipment, technical staff, etc.) and/or space needed to support this study are not available for the following reasons:

\_\_\_\_\_

*The projected availability date is:* \_\_\_\_\_

- The ACUC should review the following issues related to this study:

\_\_\_\_\_

- The following facility staff should be added to this study:

\_\_\_\_\_

**Facility Manager Certification:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions or concerns please contact the ACUC Office at (301) 846-7544*