**Film in Vivarium Request Form**

Top of Form

Persons requesting to film must agree that all animal activities (if applicable) to be filmed will be done in conjunction with their approved UH IACUC protocol for the purposes specified within it, and not for the sole purpose of demonstration for filming. He/She must agree not to include any identifying landmarks such as room numbers, researcher names, or animal/protocol information.

 Principal Investigator Contact

  PI Last Name\*

  PI First Name\*

  PI Email\*

  PI Office Phone\*

  PI Mobile Phone

 Request Description

IACUC protocol number used for filming\*

Describe all aspects of activities to be filmed in the vivarium. Animal activities require IACUC approval.\*

Date(s) and time(s) of filming\*

Location of filming. Include building name and room number.\*

 Filming Provider

Filming Company/Party\*

Name\*

Phone\*

Email\*

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| --- | --- |
|  | I agree that all animal activities (if applicable) to be filmed will be done in conjunction with my approved UH IACUC protocol for the purposes specified within it, and not for the sole purpose of demonstration for filming. |
|  | I agree not to include any identifying landmarks such as room numbers, researcher names, or animal/protocol information. |

|  |  |
| --- | --- |
| Your name\* | Your name\* |

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| AVS assistance over 2 hours per month may result in a Special Service charge back. Service charges include AVS staff member's time consulting with attorneys as it relates to the film licence and staff member's time to prepare the location for filming. |
|  | I confirm that I have reviewed this form for completeness and accuracy. |
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Bottom of Form