

PURDUE ANIMAL BEHAVIOR CORE USER REQUEST FORM

Name: _____ PI: _____ Email: _____

PACUC Protocol Number: _____ Q#: _____

Species testing: Rat Mouse Other; please specify _____

Have you been trained by the animal care staff in handling rodents? Yes No

Behavioral Equipment:

If known, please list the behavioral equipment you plan to use.

If not known, please check all the type of behavior tasks you would like to perform.

- | | |
|--|---|
| <input type="checkbox"/> Health Status battery (for transgenics) | <input type="checkbox"/> Learning and Memory |
| <input type="checkbox"/> Senses (olfactory, taste, etc.) | <input type="checkbox"/> Pre-pulse inhibition |
| <input type="checkbox"/> Locomotor activity | <input type="checkbox"/> Conditioned Place Preference/Aversion |
| <input type="checkbox"/> Acoustic startle | <input type="checkbox"/> Behavior inflexibility, attention, impulsivity |
| <input type="checkbox"/> Balance and coordination | <input type="checkbox"/> Operant conditioning (reward, etc.) |
| <input type="checkbox"/> Gait analysis | <input type="checkbox"/> Fear conditioning |
| <input type="checkbox"/> Grip strength | <input type="checkbox"/> Fear potentiated startle |
| <input type="checkbox"/> Pain/analgesia (sensory) | <input type="checkbox"/> Social behavior |
| <input type="checkbox"/> Wheel running (min. 24hr) | <input type="checkbox"/> Ultrasonic Vocalization |
| <input type="checkbox"/> Home-cage activity monitoring (min. 24 hr.) | <input type="checkbox"/> Aggression (dark-cycle only) |
| <input type="checkbox"/> Anxiety-like behaviors | <input type="checkbox"/> Sex behavior (dark-cycle only) |
| <input type="checkbox"/> Depressive-like behaviors | <input type="checkbox"/> Addiction studies |

Training:

All users are required to have instrument training for each piece of equipment that is used. A group of instruments can be combined in one training session. The fee for training is \$30 per 30 minutes.

For first-time users, the PABC offers a free consultation to help choose which behavior test is right for your research and to help with PACUC protocol amendments.

Would you like to schedule a date for this? Yes No

Please click below to submit this form, and we will contact you to schedule a time to meet. Thank you!