**Notification of Activity Under a Blanket APS**

**Directions:**  Please complete this form to notify the IACUC of upcoming activity under a blanket APS. A schedule of activities may be sent as an attachment. If an attachment is sent, please indicate where the items below can be found in the attachment.

APS #:       Study # (optional):

Study Director:       Date Submitted:

Study Start Date:       Study End Date:

Species of Animal:

Numbers of Animals:

Test article (if any):

Number of doses/vaccinations:

Dosing Schedule:

Type of Samples:

Number of Samples:

Sampling Schedule:

List Sedated Procedures:

Sedation schedule:

Type of Housing: