

Alberta Agriculture and Rural Development Date Received: \_\_\_\_\_

File Number (for internal use only): \_\_\_\_\_

## LETTER OF INTENT

### Request for access to Alberta Agriculture and Rural Development's Containment Level 3 Lab Facility

Principle Investigator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Access Period being applied for (select only one):  October - April

May - September

*Note: Access for a subsequent 6-month period requires reapplication.*

Is this a primary application?      **OR**       Reapplication?

---

Will this research contribute to a greater understanding of diseases that threaten?

Crops

Humans

Livestock

Poultry

Wildlife

Other (please specify):

**Note: Check off all appropriate boxes.**

---

Brief description of what you hope to achieve with this research and how it benefits Alberta  
(maximum 100 words):

---

---

---

---

---

Specifically, what work do you propose to conduct in the CL3 lab in this 6-month period?  
(Maximum 100 words):

---

---

---

---

---

---

---

---

Explain why you believe this work must be conducted in a containment level 3 lab.  
(Maximum 50 words):

---

---

---

---

Will lab animals be required as part of the containment level 3 research?

No

Yes (what type?)  mouse  rat  Guinea pig  Other (please specify): \_\_\_\_\_

Maximum number of animals required at one time: \_\_\_\_\_

**Note: Access will be subject to subsequent review and approval by a recognized animal care committee.**

Are all project agreements in place (ie. Partnership agreements)?

No

Yes (what type?) \_\_\_\_\_

How will the results of this research be communicated?

Lay publications

Proprietary use

Scientific periodicals

Other (please specify): \_\_\_\_\_

---

Is the principal researcher affiliated with an Alberta organization for this research?

No

Yes (please specify): \_\_\_\_\_

---

Name of principal Researcher: \_\_\_\_\_

Principle researcher contact information:

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

---

Length of time affiliated with current research organization? \_\_\_\_\_

Name of individual submitting application: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

