

Research Animal Resources Center

University of Wisconsin - Madison
Bioquell Z Request Form

Submission Date _____ Date(s) Requested for Use _____

Facility _____ Room Number(s) _____

Contact Information

Requested by _____

Telephone _____ Fax _____

Email _____

Department _____

Dept Address _____

Principal Investigator _____

Billing Information

Direct charge numbers **required** for billing:

DEPT. ID # _____ FUND # _____ PROGRAM CODE # _____ PROJECT # _____

Internal Work Order Number _____ (if applicable)

Departmental billing officer (**required**) _____

Telephone _____

If you do not know the charge numbers, please ask your departmental billing officer.

Questions - For more information or to see if Hydrogen Peroxide Vapor decontamination may work for your use, contact: *Jody Peter, 608-890-0669, peter@rarc.wisc.edu*

Send this form by:

CAMPUS MAIL: 105 Enzyme Institute, 1710 University Ave
Madison, WI 53726

E-MAIL: decon@rarc.wisc.edu **FAX:** 265-2698

*Please submit this form at least one week in advance to ensure availability.
You will receive a confirmation email once the request is approved.*