

# NCTC Science Lab Request

(Revised 03/10/17)

Office Use Only

Forwarding Date:  
Initials:

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Fax completed form to **Scheduling and Events Management (SEM)** on 304-876-7260 or  
Email to [nctc\\_sem@fws.gov](mailto:nctc_sem@fws.gov)

The following information is required to allow us to meet your training needs. Once your request has been approved, SEM will contact you with a confirmation. Additionally, you will be contacted by the Lab Technician to discuss your lab needs in detail, to include any questions you may have about the specific labs, floor plans, equipment, and supplies.

**Course or Event Title/Dates:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Laboratory Space - Requested Dates:**

**Lab Approval:**

\_\_\_\_\_ to \_\_\_\_\_ Aquatic Resources Lab (Rm G21L) (Staging Only) \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Aquatic Resources Lab (Rm G21L) \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Biology Lab (Rm. 217L, fixed stations) \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Biology Lab (Rm. 218L, movable stations) \_\_\_\_\_

**Number of Students:** \_\_\_\_\_

**Will you be using live animals:** yes  no  **If yes, what species?**

**Will you be using specimens from one or more of the Science Lab Collections:** yes  no  **If yes, select all that apply below:**

Fish     Mussels     Macroinvertebrates     Birds     Crayfish     Herbarium

**Will you be using chemicals/animals preserved in chemicals:** yes    no    **If yes, what chemicals?**

**Describe specific lab room setup requirements:**

Please fill out a **Science Lab Equipment and Supply Request Form** for all equipment/supplies required for your course.

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*Lab Staff Use Only:*

*Dates for Set-up* \_\_\_\_\_

*Dates for Tear Down* \_\_\_\_\_