**Sable booking request**

**Titel:**

**Responsisble for study:**

**PI for study:**

**Experimental groups**

E.g… Mice treated with HFD for 8 weeks prior to study.. Specific knockout vs control. Drug treatment vs vehicle. Ect.

**Number of animals:**

**Number of runs:**

**Diet** **[ ]  Standard diet** **[ ]  HFD** **[ ] Other:**

**Diet change by** **[ ]  RMPP** **[ ]  Researcher**

**Water** **[ ]  Water** **[ ]  Other:**

**Water change by(1/w) [ ]  RMPP [ ]  Researcher**

**Temperature** **[ ]  22°C** **[ ]  4°C** **[ ] Other:**

**Light/dark cycle** **[ ]  Regular** **[ ]  Other:**

**Injections** **[ ]  No** **[ ]  Yes, what:**

**Injections by** **[ ]  RMPP** **[ ]  Researcher**

**Cage change** **[ ]  None** **[ ]  Yes, RMPP**

**Other procedures during study. Describe:**

**These are performed by** **[ ]  RMPP** **[ ]  Researcher**

**Have you received an introduction to Sable systems by a RMPP staff member?** **[ ]  Yes** **[ ]  No**

**Equipment**

**Running wheel** **[ ]  No** **[ ]  Yes, describe:**

**Treadmill [ ]  No [ ]  Yes, describe:**

**Access food control [ ]  No [ ]  Yes, describe:**

**Time planner**

*Make a time planner with information on the tasks performed each day including the responsible person. Add more rows as appropriate. Notice that if more than one run is required, a minimum of one day per system is required for changing cages, calibration ect.*

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Date** | **Performed by** |
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|  |  |  |

**Sable system layout**

*Feel free to add columns to the table with relevant metadata – differences in sex, treatment, etc. Copy table if more systems are required.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cage**  | **ID** | **Genotype/strain** | **Age** | **Gender** | **Group/Treatment**  |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |
| 7 |       |       |       |       |       |
| 8 |       |       |       |       |       |
| 9 |       |       |       |       |       |
| 10 |       |       |       |       |       |
| 11 |       |       |       |       |       |
| 12 |       |       |       |       |       |
| 13 |       |       |       |       |       |
| 14 |       |       |       |       |       |
| 15 |       |       |       |       |       |
| 16 |       |       |       |       |       |

**Appendix Form B: Running Wheels – fill out if relevant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cage**  | **ID** | **Group** | **Wheel access** **(continous or restricted)** | **Time of wheel availability** **(if restricted)** |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |
| 11 |       |       |       |       |
| 12 |       |       |       |       |
| 13 |       |       |       |       |
| 14 |       |       |       |       |
| 15 |       |       |       |       |
| 16 |       |       |       |       |

**Appendix Form C: Food Restriction – fill out if relevant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cage**  | **ID** | **Group** | **Food restriction** **(date and time for food available)** |
| 1 |       |       |       |
| 2 |       |       |  |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8 |       |       |       |
| 9 |       |       |       |
| 10 |       |       |       |
| 11 |       |       |       |
| 12 |       |       |       |
| 13 |       |       |       |
| 14 |       |       |       |
| 15 |       |       |       |
| 16 |       |       |       |