**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.*

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| **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 |  |  |  |  |  |
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| 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 |  |  |  |  |
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| 9 |  |  |  |  |
| 10 |  |  |  |  |
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| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |

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

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