



### Cost Estimate Request form - Mouse experiments

This form should be used to request Cost Estimates for experimental mouse studies to be performed in the UCT-RAF (BSL1, BSL2 or BSL3 labs). **Note:** Cost Estimate Requests for mouse experiments should be submitted *at least one month before work is conducted*. The Cost Estimate must be accepted *and* the Debit Order form submitted by the fund holder, before the work may commence. Refer to page 2 for the terms and conditions and guidelines on completing and submitting this form.

#### A. Protocol Information: Please complete all fields

AEC Protocol number *	
Brief Protocol title	

\*Please submit a separate Cost Estimate Request form for each AEC Protocol number

#### B. Principal Investigator and Requestor Details: Please complete all fields

Principal Investigator name		Principal Investigator email	
Institution/Faculty		Department/Division/Unit	
Requestor name		Requestor email	
Requestor phone number		Date submitted	

#### C. Period for which Cost Estimate requested

Month for cost estimate		Year for cost estimate	
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#### D. Cage Numbers & Euthanasia Details: Please complete all relevant fields

Week of the month *	Number of cages: BSL 1	Number of cages: BSL 2	Number of cages: BSL 3	Number of animals to be euthanased
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				

\* Weeks are defined by Fridays, i.e. week 1 is the first week in the month containing a Friday. Cages occupied for part of a week are counted as full weeks.

#### E. Professional Technical Time: Please complete all relevant fields

Week of the month	Professional *	Technical hours (weekday, normal hrs)	Technical hours (after-hrs / Saturday)	Technical hours (Sunday / pub holiday)	Brief description of work
Week 1	LAT or Vet nurse				
	Veterinarian				
Week 2	LAT or Vet nurse				
	Veterinarian				
Week 3	LAT or Vet nurse				
	Veterinarian				
Week 4	LAT or Vet nurse				
	Veterinarian				
Week 5	LAT or Vet nurse				
	Veterinarian				

\* For each week, indicate technical time required of Laboratory Animal Technologists (LAT) or Veterinary nurses (same hourly rates); or Veterinarians.

#### F. Comments: Please provide any comments if required

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I confirm that the Principal Investigator agrees to this request, to all terms and conditions, and that the work may only commence once a Cost Estimate has been accepted *and* the Debit Order form submitted. Ticking this box acts as my signature.

#### RAF Office use only

Received by		Date	
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## Terms and Conditions

1. This form should be used to request Cost Estimates for experimental mouse studies to be performed in the UCT-RAF (BSL1, BSL2 or BSL3 labs).
2. This form should be submitted at least one month in advance of the work being conducted, e.g. submit the form before the end of January for work to be conducted in the month of March.
3. The work in the UCT-RAF may only commence when once a Cost Estimate has been generated, accepted and the Debit Order form submitted by the fund holder.
4. Note that a separate Cost Estimate Request form for rodent breeding and associated Animal Issue request form will need to be submitted if any new animals are required to be issued from breeding units.
5. Medicines and consumables (where relevant) are not included in this Cost Estimate.
6. This form must be submitted electronically (see next section). No hard copies of this form will be processed.

## Guidance for Completing and Submitting the Form

1. Please download the latest version of this form, available from [www.caresa.uct.ac.za/-forms](http://www.caresa.uct.ac.za/-forms)
2. A separate Cost Estimate Request form must be submitted for each AEC Protocol number.
3. Complete section A in full.
4. Complete all information in section B for the Principal Investigator and requestor (i.e. the person submitting this request form), if different from the PI.
5. Complete section C in full. Indicate here the month and year for which the cost estimate is being requested, i.e. the month when the work will be conducted.
6. Complete all relevant fields in section D.
  - a. Complete the information for the relevant weeks of the month for which the Cost Estimate is being requested (as indicated in section C).
  - b. Weeks are defined by Fridays, i.e. week 1 is the first week in the month containing a Friday, week 2 is the second week containing a Friday, etc. Thus defined, most months contain only 4 weeks, while a few months will contain 5 weeks. Cages occupied for any part of a week are counted as full weeks.
  - c. Specify the number of cages projected to be occupied during each week of the month, in each lab.
  - d. Specify the number of animals anticipated to be euthanased in each week of the month. This information is required to provide a cost estimate for the disposal and associated fees.
7. Complete all relevant fields in section E.
  - a. Provide the projected number of hours of professional technical time (of professionals registered with the SA Veterinary Council) that will be required for the protocol in each week of the month.
  - b. For each week, indicate how many hours will be required for the protocol, of a Laboratory Animal Technologist or Veterinary Nurse (same hourly rates) or a Veterinarian. Specify when the hours will fall, i.e. after-hours, Saturdays, Sundays or public holidays, by completing the relevant columns.
  - c. Provide a brief description of procedures, e.g. "IP injection of 10 mice".
8. Please acknowledge the terms and conditions by ticking the box provided at the end of the form.
  - a. Forms will not be processed unless the box has been ticked.
9. Save the completed form in PDF format and email to [cost.estimate.raf@uct.ac.za](mailto:cost.estimate.raf@uct.ac.za)
  - a. An acknowledgement-of-receipt email will be generated upon successful submission of the form.
10. The UCT-RAF will email the Cost Estimate for the animals/products/services to the PI and requestor.
11. The fund holder must accept the Cost Estimate and submit a completed Debit Order form in the specified manner, before the requested animals/products/services will be provided by the UCT-RAF.