**Wolf Park**

**For Office Use Only**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Data Request Form**

**Data samples include video, photos, or any other observations or records that involve or portray staff, visitors, any animal or group of animals, or facilities at Wolf Park.**

TYPE OF DATA REQUESTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMON NAME(S) OF SPECIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENUS, SPECIES, SUBSPECIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned agrees that the data requested from Wolf Park are for education or research purposes only. These materials will not be sold for profit or developed for commercial purposes, nor will the undersigned allow them to be distributed to a third party for commercial purposes or kept in a personal collection. All videos and photos are prohibited from being displayed or distributed via any electronic or social medium, including Facebook, Twitter, or personal websites. Once released, the materials will be owned by Wolf Park, not the investigating institution or the individual investigator. In the event that the institution decides to dispose of the materials, Wolf park will be given the first right of refusal.

The undersigned understands and accepts responsibility for all costs of packaging and shipping the requested materials.

Please provide a collection protocol (if necessary) and a brief statement concerning the proposed usage of your requested data.

**\*\*NOTE:** If request is part of an ongoing research project (involves more than one animal, sample, or collection over an extended period of time), a research proposal/application must be submitted in conjunction with this request.

The undersigned agrees to acknowledge Wolf Park in any research publications resulting from use of the data provided, **and to provide Wolf Park with a copy of such publications**. The undersigned agrees to notify Wolf Park of any presentations, distribution, or other public viewing of the above data and Wolf Park will be given the first right of refusal.

The undersigned has read and understands and agrees to abide by the above terms and conditions. Please return one signed copy to: Wolf Park; 4004 E. 800 N.; Battle Ground, IN. 47920 Attn: Curator

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Department Investigator Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Investigator Signature

If principal investigator is a student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (please print) Position Supervisor Signature

Wolf Park, consent to release materials is authorized by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clive Wynne, Director of Research Dana Drenzek, Manager Pat Goodman, Head Curator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date Date

**Wolf Park**

**Biomaterials Request Form**

**For Office Use Only**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



TYPE OF BIOMATERIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMON NAME(S) OF SPECIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENUS, SPECIES, SUBSPECIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned agrees that the biomaterials donated by Wolf Park are for education or research purposes only. These materials will not be sold for profit or developed for commercial purposes, nor will the undersigned allow them to be distributed to a third party for commercial purposes or kept in a personal collection. Once released, the materials will remain under ownership of the Institution and department listed below, not the individual investigator. In the event that the institution decides to dispose of the materials, Wolf park will be given the first right of refusal.

The undersigned recognizes, understands, and accepts that no biomaterials will be shipped which have known zoonotic risks unless requested by the undersigned. However, unknown hazards may be associated with handling of the requested biomaterials. The undersigned accepts all risks and responsibility for the receipt, handling, use, storage, and disposal of these materials and agrees to hold Wolf Park and its board, employees, and assigns completely harmless from any and all claims and legal judgments (including for injury and death) arising from said risks, known and unknown, over which Wolf Park has no direct supervision and control.

The undersigned agrees to be responsible for obtaining necessary licenses, permits, or approvals (including IACUC, IRB, etc) required by law for transfer of the requested materials and for ensuring that the requested materials are disposed of properly. The undersigned understands and accepts responsibility for all costs of packaging and shipping the requested materials

The undersigned agrees to acknowledge Wolf Park in any research publications resulting from the use of the biomaterials provided, **and to provide Wolf Park with a copy of such publications**. The undersigned agrees to notify Wolf Park of any presentations, distribution, or other public viewing of the above data and Wolf Park will be given the first right of refusal.

The undersigned has read and understands and agrees to abide by the above terms and conditions. Please return one signed copy to: Wolf Park; 4004 E. 800 N.; Battle Ground, IN. 47920 Attn: Curator

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Department Investigator Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Investigator Signature

If principal investigator is a student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (please print) Position Supervisor Signature

Wolf Park, consent to release materials is authorized by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clive Wynne, Director of Research Dana Drenzek, Manager Pat Goodman, Head Curator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date Date

**Wolf Park**

**For Office Use Only**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Research Proposal Application**

**Send Completed Application To:**

Curator

Wolf Park

4004 E. 800 N.

Battle Ground, IN 47920

Phone: (765) 567-2265 Fax: (765) 567-4299

Email: [research@wolfpark.org](mailto:research@wolfpark.org)

**INSTRUCTIONS: PLEASE TYPE OR PRINT LEGIBLY.**

**COMPLETE ENTIRE APPLICATION.**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Position Office Phone Home Phone

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Dept. Affiliation Email

3. Check those that apply: \_\_\_\_\_Staff \_\_\_\_\_Student (\_\_\_\_\_grad. \_\_\_\_\_undergrad. \_\_\_\_\_other)

4. If the principal investigator is a student, list the immediate supervisor/department contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Position Phone Ext.

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator Office Address City State Zip Code

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator Home Address City State Zip Code

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project

8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-investigator Position Phone Number

9. Expected Start Date of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Expected End Date of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source Name (if applicable) Address

11. **Check all the apply to the project methodology:**

\_\_\_\_ behavior observation \_\_\_\_ medical procedures required

\_\_\_\_ animal contact required \_\_\_\_ visitor survey/observation

\_\_\_\_ utilizes exhibit animals \_\_\_\_ utilizes free-ranging animals

\_\_\_\_ utilizes off exhibit animals \_\_\_\_ botanical project

\_\_\_\_ requires significant keeper time \_\_\_\_ other (please specify other important

(greater than 1hr per week) requirements of the methodology below).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Identify the species name(s) and number of individuals to be utilized in the project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genus Species Common Name No. of Individuals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genus Species Common Name No. of Individuals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genus Species Common Name No. of Individuals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genus Species Common Name No. of Individuals

13. Has this project been reviewed by another institutions animal care and use committee? \_\_\_\_\_Yes \_\_\_\_\_No

**IF SO, ENCLOSE YOUR SUBMISSION FORM AND THEIR REVIEW.**

**Please attach pages that fulfill the following requests.**

15. **Research Summary:**

1. Provide a scientific summary of the aims and objectives of this project and the significance of this project. Provide sufficient detail so that a careful evaluation of the project and its associated protocols can be made. (A copy of the abstract or summary submitted with the funding application may be used).
2. Describe the characteristics of the animal that justify its use in the proposed study. (Why is this animal the most appropriate for the study?)
3. Are there other institutions participating or that you are requesting participation from for this study? If yes, please list these organizations and note which have agreed.

16. List reference sources which have been consulted in association with the development of this project that support the soundness of the proposed methods.

17. Describe how Wolf Park will benefit from this research.

18.  **Animal Husbandry:**

1. Please specify any deviation from standard husbandry which your protocol may require, e.g., diet change, housing change, use of keeper time, change in animal group composition, enclosure access, etc.

19.  **Medical Procedures:**

1. Describe all medical procedures involving the animal(s) in the study. Please indicate if a licensed veterinarian will be required.
2. Include names and titles of individual performing the procedures and their relevant qualifications – append curriculum vitae as appropriate.

20.  **Equipment needs:**

1. Are there any equipment needs for this project that the investigator cannot provide? If so, please list.

21. List any tissue or body fluids to be collected during the project. How will these be obtained/collected? How will they be stored or disposed of after the project?

22. **Cost:** Please indicate any costs Wolf Park will be responsible for in the course of participation in this research. (Some possible considerations could be research materials, sample collection, medication, novel dietary needs, shipping fees and supplies, veterinary fees.) If the researcher will be providing funding, please include details. *Please be aware there may be sampling and research fees at Wolf Park.*

22. If your project requires significant training or staff assistance, will you be willing to grant a co-authorship to the qualified staff member on resulting publications involving this research? \_\_\_\_\_Yes \_\_\_\_\_No