

**Authorization/Permit to Photograph/Videotape
Department of Comparative Medicine Animal Facility**

This serves as authorization/permit to:

Photograph Videotape Other(s) _____

Name (Requestor): _____

Phone: _____ E-Mail: _____

Department/PI: _____

Phone: _____ E-Mail: _____

Protocol Name: _____

Protocol Number: _____ Protocol Expiry Date: _____

Reason for Request: _____

Where will images be captured - facility and room(s)? _____

Do you intend to publish or share images with non-UW personnel? yes no

If yes, please explain: _____

Date(s) Permit Needed: _____

FOR DCM USE ONLY --- Validity of Permit: _____

Please note that there is no objection to taking photographs or videotaping for educational or scientific purposes. Our primary concerns are that photographs or videotapes be taken only for scientific or instructional reasons and that they not be in poor taste aesthetically. In order to prevent unauthorized personnel from entering the facilities and taking photographs or videotaping for malicious use, only individuals with written authorization may bring cameras into the animal housing areas.

PLEASE CARRY THIS DOCUMENT WITH YOU WHEN YOU BRING YOUR PHOTO/VIDEO EQUIPMENT INTO THE ANIMAL FACILITY. NOT VALID WITHOUT THE SIGNATURE OF DCM CHAIR OR DESIGNEES.

Thank you for your cooperation.

APPROVED BY:

Date: _____

Charlie Hsu, VMD, PhD, DAACLAM or
Nick Reyes, DVM, MS, DAACLAM
Husbandry Operations

Submission instructions: E-mail completed document to Geena Gallardo at gallardg@uw.edu. Following review by the Department of Comparative Medicine, you will receive via e-mail either a copy of the signed document or a reason for the denial of the request.