



Instituto de Patologia e Imunologia Molecular da Universidade do Porto

**UNIDADE DE EXPERIMENTAÇÃO ANIMAL  
BIOTÉRIO**  
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**Unidade de Experimentação Animal  
IPATIMUP**  
Rua Dr.º Roberto Frias, s/n  
4200-465 Porto - Portugal

### Sample Submission Form

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Principal Investigator (PI) \_\_\_\_\_

Project Reference \_\_\_\_\_

Department/Unit \_\_\_\_\_

Organisation \_\_\_\_\_

Contact (E-mail) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

People authorized to request extra services with charge to the Principal Investigator project:

\_\_\_\_\_

### Experiment Details

Number of animals \_\_\_\_\_ Gender \_\_\_\_\_ ( M/F)

Optimal age \_\_\_\_\_ (in weeks) Estimated time for experimentation \_\_\_\_\_ (in weeks)

Technical Support \_\_\_\_\_ (Yes/No)

Description (Inoculation / Sample Collection / Registry)

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Date and sign of Principal Investigator

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