**Fermentation Facility Booking form**

**Your Contact Details:**

Date \_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group/ Department/Company\_\_\_\_\_\_\_\_\_\_\_ Grant Code/Purchase Order No\_\_\_\_\_\_\_\_

Authorisation (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure you have permission from your Research Group Head to use the grant number you provide. Their signature also indicates that they are happy that the fermentation is covered by a relevant Biological Risk Assessment and that the work is encompassed by one of their Biological Projects (which will have been verified for the Group by the Department’s Biological Safety Sub-Committee). Samples of the original cultures you provide may be kept for reference in case of contamination or unexpected results.

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**Equipment required**

 Microbial Fermenters: 2L , 5L  or 30L 

Culture type: batch , fed-batch , chemostat 

Date\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_

 Mammalian/Insect Cell Fermenters: 3L

Date\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_

 Plate reader

Date\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_

 Nitrogen cavitation bomb

Date\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_

NB: Please give a general description of the type of experiments you are planning.

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**Fermentation parameters:**

Temp. Control No Yes Setpoint oC

pH Control No Yes Setpoint

dO2 Control No Yes Setpoint % air-sat.

Agitation control No Yes Setpoint

Medium

NB: Please give a general description of the medium you will use e.g. undefined-complete, minimal media, Luira-Broth, or any commercially available medium for mammalian cells. This information is required for commissioning the fermenter and to assess the foaming potential of your fermentation.

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