

**Aquaculture Research and Development Facility
Ocean Sciences Centre**

TANK & INCUBATOR REQUEST FORM

Current Date: _____

Name: _____

Professor/Researcher Association: _____

Contact Number: _____

Date Tank Required: _____

Termination Date: _____

Type, Size & Location of Tank(s)/Incubator(s): _____

Number of Tanks(s)/Incubator(s): _____

Water Temperature Required: _____

Water Flow Rate Required: _____

Photoperiod Required: _____

Species (e.g. cod, halibut): _____

Origin (cultured, wild): _____

History (location of eggs/fish before transfer to ARDF): _____

Number & Size of fish per tank (stocking density kg/m³ or kg/m²): _____

Research Project: _____

Grant #: _____

If you need assistance filling out a tank request form, please feel free to contact Danny Boyce.
dboyce@mun.ca or (709) 737-8691.