

EASTERN SHORE LABORATORY
Request for Maintenance or Culture of Marine Organisms

Name: _____

Institution: _____

Phone: _____ **E-mail:** _____

Organism(s): _____

Project start date: _____ **End date:** _____

Seawater System Needs (fill in as much as you know at this time)

Type of tanks: _____

Number of tanks: _____

Mode of operation:

_____ **recirculating** _____ **flow-through**

Temperature requirements: _____

Salinity range: _____

Other needs:

Brief project description: