*Name der Einrichtung*

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| **Gebäude** | **Raumbezeichnung** | **Spezies** | **Nutzungsart**  Verwendung (z.B. OP, Tötung, CT, MRT), Zucht, Haltung | **bei Haltung/Zucht** | | **Bei Verwendung** |
|  |  |  | **Art und Anzahl der Käfige/**  **Haltungseinrichtungen, Besatzdichte** | **Max. Tierzahl/**  **Raum** | **Angabe und Beschreibung von Anlagen, auch mobile, die für versuchsspezifische Zwecke Einsatz finden sollen (z.B. Inkubatoren, Stoffwechselkäfige, Betäubungsanlagen usw.)** |
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