

Lab Animal Health
Access Request Form

Name: _____

Banner ID: _____ Guest User ID: _____

Department: _____

Title (Faculty, Staff, Student, TES, GRA/GTA): _____

Primary Investigator: _____

Protocol number(s) person will be working on: _____

Area(s) & Hours access is needed:

DOORS:

___ Loading Dock

___ 1st Floor VRB

___ 2nd Floor VRB

___ GHA Upstairs Hallway

HOURS:

___ 24/7

___ 6am-6pm (no holidays or weekends)

___ 6am-12pm (with holidays & weekends)

___ 7am-7pm (with holidays & weekends)

Expiration Date (to be filled in by LAH): _____

Access Level (to be filled in by LAH): _____

Primary Investigator: _____ Date: _____
Signature

Department Head: _____ Date: _____
Signature

Lab Animal Health: _____ Date: _____
Signature: Dr. Rynders/Dr. Schemera