

A facility access code will be given once this form has been processed. Processing occurs every Friday.
 Forms received on Friday will not be processed until the following Friday.

Date: _____ Job Title: _____

Name: _____ Contact Number: _____

PI's name: _____ Department: _____

Lab Location: _____

Check area(s) in which access will be granted:

- 1. WB 2055 (Digital imaging-WF)
- 2. WB 2017 (RTPCR and Plate Reader)
- 3. WB 2023 (HPLC, GC/MS, FACS, -80, ultracentrifuge, etc.)
- 4. WB 2025 (Cell culture)
- 5. CRB 8 (-80, ultracentrifuge, liquid N₂, etc.)
- 6. CRB 27 (Cell culture)
- 7. CRB 33 (Digital imaging-confocal and WF)
- 8. CRB Exit Door (Adjacent to CRB 51) – Open from 8am to 5pm Mon-Fri w/o code entry
- 9. CRB Exit Door (Adjacent to CRB 28) – Access code required for entry at all times
- 10. CRB Exit Door (Adjacent to CRB 13) – Access code required for entry at all times

By signing below the **User** acknowledges:

1. The access code provided will be kept secret and that any information obtained from security and/or usage audits, that contain that code, will represent the above named user.
2. The checked areas above are the only areas that will be accessible.
3. All publications, presentations, and/or posters containing data generated using RCMI equipment will acknowledge the core and grant #: G12MD007585-23.

By signing below the **Manager** acknowledges:

1. The above named user has been properly trained to use accessible equipment.
2. All safety procedures have been explained.
3. Access privileges will be uploaded accurately.

By signing below the **PI** acknowledges:

1. All areas of access are accurate for the above named user.
2. Secondary responsibility for access code.
3. All publications, presentations, and/or posters containing data generated using RCMI equipment will acknowledge the core and grant #: G12MD007585-23.

User signature: _____ Date: _____

PI signature: _____ Date: _____

Manager: _____ Date: _____