

CM-LAF  
Access Request Form

Date \_\_\_\_\_

This form must be completed to request UB card access to the Laboratory Animal Facilities at the Biomedical Education Building (BEB), Hochstetter Hall, and Park Hall. This form together with a photocopy of the UB card should be sent to LAF, 116 BEB at the South Campus.

To gain access to the facility at RIA, a completed CM-LAF Access Request Form and a photocopy of the UB card must be sent to: RIA, 1021 Main Street, Buffalo, NY 14203, attn: Mr. James Krygier or <krygier@ria.buffalo.edu>. Once the request is approved, a code number will be issued to provide access.

Requests for access to Park Hall must be approved by Dr. Mark Kristal before they are submitted to the Laboratory Animal Facilities.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Person requesting access)

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Phone No. : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Emergency No. : \_\_\_\_\_

Need access to:     BEB                     Hochstetter Hall                     Park Hall                     RIA

Purpose of request: \_\_\_\_\_

Type of access needed: \_\_\_\_\_  
(Daytime M – F) (Daytime 7 days/week) (After work hours) Please be specific.

Expected duration: \_\_\_\_\_

Has your name been added to the protocol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed the IACUC training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had an orientation tour of the animal facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you enrolled in the Occupational Health Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

P.I. Name: \_\_\_\_\_ Protocol No.: \_\_\_\_\_

\_\_\_\_\_  
P.I. signature

For LAF use only.

Approved     Disapproved                    Date of activation: \_\_\_\_\_

Access level: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_