

Animal Science Center Security Access Application

APPLICANT INFORMATION

Please select which type of access you are applying for:

New Access Amended Access

Please select which campus you are applying for access to:

BU Medical Campus Charles River Campus

Please provide the following information:

BU ID Number Faculty Staff Student Corporate

Last Name First Name Email

Department Position Title Requested Access Location(s)
(EX: A810, W814, 425K, etc.)

Protocols Listed On Principal Investigator Species
(Ex: IPROTO201800710)

APPLICANT SECTION

Return completed application by email to BUASC@bu.edu

Questions?

Call: (617) 358-8301

Email: BUASC@bu.edu

ROHP CLEARANCE & REQUIRED BioRAFT TRAININGS

Please select all of the following which you have completed:

ROHP Clearance

BioRAFT Training:

BUASC New Researcher Orientation (NRO) Lab Safety Training IACUC Orientation Working with IACUC

SIGNATURES

APPLICANT

The information I have provided on this form is true and accurate to the best of my knowledge. I will conform to all BUASC facility security access policies.

Applicant

Name **Date**
(printed, if not electronic signature)

Signature / Electronic Signature

PRINCIPAL INVESTIGATOR

I hereby attest that the applicant has been provided with copies of all IACUC protocols to which they have been added as well as the accuracy of all training information provided above.

PI/PD

Name **Date**
(printed, if not electronic signature)

Signature / Electronic Signature