



Biomedical Research Model Services

Connecting Resources, Research, and Results



REQUEST FOR ACCESS TO BRMS ANIMAL FACILITY(S)

Complete all sections. Send to BRMS office fax 262-0456 or email to jlcnare@wisc.edu

Your access will not be granted until this form is submitted and **all information** is verified.

I HEARBY UNDERSTAND THAT IT IS A VIOLATION OF THE UNIVERSITY OF WISCONSIN ADMINISTRATIVE CODE 18.06(12) TO ALLOW SOMEONE OTHER THAN MYSELF TO USE MY CARD OR KEYS. FAILURE TO COMPLY WITH THIS CODE MAY RESULT IN THE LOSS OF ACCESS PRIVILEGES.

Please print your name EXACTLY as it appears on your WisCard with your middle initial.

WisCard #		First name & <u>MI</u>	
	6 digit number on the back of card on bottom		
Lab Phone	2 6 2 - 7 1 2 8	Last name	
Dept	Psychiatry	Email	

PIN Number

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Must be 4 digit number of your choosing

ACCESS NEEDED FOR (please circle):

- | | | | | | |
|----------|------------|---------------------------------------|---------------------------------------|--------------------------|----------------|
| Biotech | CSC | MSC 3 rd & 4 th | MSC 5 th & 6 th | Microbial Sciences | Orchard Street |
| Pharmacy | WIMR | WIMR (Dirty) Containment | WIMR Imaging Airlock B1334 | WIMR Tower 2 Room: _____ | WisPIC |

List the protocols that you work on. Use the 5 or 6-digit code that begins with a letter (M, G, V, A).

M	0	0	5	6	9	7													
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By signing this form, I acknowledge that I have completed the BRMS Facility Orientation and requirements. I agree to comply with all BRMS and campus policies within the animal facilities.

APPLICANT SIGNATURE: _____ Date: _____

Principal Investigator Signature

The above listed person is currently on my animal use protocol(s) for the facility(s) checked above and has a legitimate need to access the animal facility(s).

P.I. Signature: _____ Date: _____

Print P.I. Name Chiara Cirelli

Office use only below this line.

Protocol Verified: _____ ACRQ Verified: _____ Microisolator Training Verified: _____

Access Activation Date _____ Entered FMP _____ Email Date _____