

Request for Facility Usage in the AHRC

Date: _____

PI Name: _____ Department: _____

Phone: _____ Email: _____

Co-PI's _____ Institution _____

Dept: _____ Email: _____

Co-PI's _____ Institution _____

Dept: _____ Email: _____

Co-PI's _____ Institution _____

Dept: _____ Email: _____

Please provide a brief summary of the project stating the goals and objectives of the project, and how the use of this facility will contribute to the project's success:

Agent(s) to be studied: _____

Laboratory space requested: CDC BSL3 ; ARS BSL3-E ; Large ARS BSL3-E

Dates space is needed: _____

Animal Room space requested: ABSL3 ; BSL3-Ag ; Large BSL3-Ag

Species: _____ Number of Animals: _____ Number of Rooms: _____

Dates space is needed: _____

AUP Number: _____ Biosafety MOU: _____

Account No.: _____ Account Name: _____

By my signature I acknowledge that I and my staff will undergo documented training before entry and use of these facilities, agree to undergo security clearance as needed, and agree to the charges incurred for space decontamination, animal care and disposal in these facilities.

Signature: _____ Date: _____

Steering Committee Approval: _____ Date: _____

Director's Approval: _____ Date: _____

Harry W. Dickerson, Ph.D.