

**ANIMAL FACILITY ACCESS REQUEST FORM
BRF / KING LIFE SCIENCES / COLLEGE OF MEDICINE**

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. SIGN AND HAVE FACULTY SUPERVISOR SIGN (If applicable).

A copy of your FSU ID card must be attached to the form.

Name: _____ FSU ID CARD #: _____

Department: _____ E-Mail Address: _____

Cell Phone: _____ Principal Investigator's Name: _____

STATUS:

Choose one

- | | |
|--|----------------------------------|
| <input type="radio"/> Faculty | <input type="radio"/> Staff |
| <input type="radio"/> Post-Doc | <input type="radio"/> Undergrad* |
| <input type="radio"/> Graduate Student | <input type="radio"/> OPS* |

**Access will be terminated on August 15 of each year. Renewal request must be submitted annually.*

Room Keys Must Be Requested Using the Facilities Key Request On-Line Form at http://www.facilities.fsu.edu/maintenance/key_request.php. Building Key Manager is LAR; Department OMNI Number will be from home department. Contact LAR for guidance if necessary.

Facility Access Request: *Indicate all*

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> BRF Vivarium | <input type="radio"/> COM Vivarium | <input type="radio"/> King Vivarium |
| <input type="radio"/> BRF Outer Entrance Doors Only | <input type="radio"/> COM G150 Lab Access Only | |

Will you have contact with live vertebrate animals? Yes No

If yes, ACUC mandated training and enrollment in the Medical Monitoring Program for Vertebrate Animal Users must be completed prior to receiving access to animal holding areas. Contact Kim Johnson at 644-0994 or acucsecretary@mailier.fsu.edu for additional information.

Do you currently have pet rodents at home or work with / handle rodents (living or dead) at a place other than in a FSU research lab? Yes No (Contact lar-vets@fsu.edu if this status changes.

Individual's Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____

Signature indicates that the above agree to abide by all applicable rules, regulations and policies with regard to animal research and access to FSU vivaria.

FOR LABORATORY ANIMAL RESOURCES ONLY

Date ACUC Training Completed: _____

Date Enrolled in FSU Medical Monitoring Program: _____

DATE(S) PROCESSED: _____