



DLAR Office Use Only

UK Person ID #: _____

Last Name: _____

First Name: _____

UK Badge #: _____

e-mail: _____

Department: _____

PI Name: _____

Protocol # (s): _____

MEDICAL CENTER

- MC DLAR MC Perimeter
- MC DLAR MC PI North Corridor
- MC DLAR MC PI Sheep
- MC DLAR MC NHP

LEE T. TODD JR

- Bio-Pharm DLAR PI Perimeter
- Bio-Pharm DLAR Room:
- 034A 034C 040A 040B
- 040D 040E 041 043
- 050A 050B 050D 050E
- 059A 059B 059D 059E
- 060A 060B 060D
- Bio -Pharm 5 digit Pin Code: _____

No single digit repeats (e.g. 11111) or consecutive series (e.g. 12345)

BEHAVIOR CORE

- Access Approved
- MC HKRB Behavior Core Staff-All Rooms
- MC HKRB Behavior Core Room **074A**
Duration Needed From: _____ To: _____
- MC HKRB Behavior Core Room **074B**
Duration Needed From: _____ To: _____
- MC HKRB Behavior Core Room **074C**
Duration Needed From: _____ To: _____
- MC HKRB Behavior Core Room **074D**
Duration Needed From: _____ To: _____
- MC HKRB Behavior Core Room **074E**
Duration Needed From: _____ To: _____

IMAGING & LIGHT MICROSCOPY

- Access Approved
- MC HKRB DLAR/IMAGING/LIGHT MICROSCOPY
Duration Needed From: _____ To: _____
- Continuous Access

Healthy Kentucky Research BLDG

- MC BBSRB DLAR HKRB Investigator
- MC BBSRB DLAR HKRB Supervisory
- MC BBSRB DLAR HKRB Animal Housing Room:

(Procedure room Included)

- 071B (**071C**) 071D (**071C**)
- 071E (**071F**) 071G (**071F**)
- 071H (**071J**) 071K (**071J**)
- 071L (**071M**) 071N (**071M**)
- 071P **Access to procedure area and Cubicles**
- 073 (**075**) 077D (**075**)
- 079B (**079C**) 079D (**079C**)
- 079E (**079F**) 079G (**079F**)
- 079H (**079J**) 079K (**079J**)
- 079L (**079M**) 079N (**079M**)
- 081 (**083**) 085 (**083**)
- 087A **Includes 087A6 Procedure Area** Cubicle:
- 087A1 087A2 087A3 087A4 087A5
- 087B (**087C**) 087D (**087C**)
- 087E (**087F**) 087G (**087F**)
- 087H (**087J**) 087K (**087J**)
- 087L (**087M**) 087N (**087M**)

I understand that I am not to loan my badge to anyone or use any other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.

Signature

Date

Stop Here and Submit Form

E-mail: Complete form, push sign HERE button for electronic signature, save file with a new name, push submit button to e-mail.

Fax: Complete form, print, sign and fax to 859-323-6002

In Person: Complete form, print, sign and drop off in HSRB 204 (Monday-Friday 7:30-4:00)

Checklist:

- PIN for Bio-Pharm
- Form for BBSRB, MDS

DLAR Sticker: Date: _____ Init: _____

EyeLock: Date: _____ Init: _____

Lenel: Date: _____ Init: _____

Database: Date: _____ Init: _____

Security: Date: _____ Init: _____