

Research Personnel Request for Access to DLAR Facilities

Duration Needed From: To:



DLAR Office Use Only

UK Person ID #:	MEDICAL CENTER	Healthy Kentucky Research BLDG
	□ MC DLAR MC Perimeter	☐ MC BBSRB DLAR HKRB Investigator
Last Name:	☐ MC DLAR MC PI North Corridor	☐ MC BBSRB DLAR HKRB Supervisory
First Name:	□ MC DLAR MC PI Sheep	☐ MC BBSRB DLAR HKRB Animal Housing Room:
First Name:	☐ MC DLAR MC NHP	(Procedure room Included)
UK Badge #:		□ 071B (071C) □ 071D (071C)
ON Bauge #.	LEE T. TODD JR	□ 071E (071F) □ 071G (071F)
e-mail:	☐ Bio—Pharm DLAR PI Perimeter	□ 071H (071J) □ 071K (071J)
e-mail:	☐ Bio–Pharm DLAR Room:	□ 071L (071M) □ 071N (071M)
Department:	□ 034A □ 034C □ 040A □ 040B	☐ 071P Access to procedure area and Cubicles
	□ 040D □ 040E □ 041 □ 043	□ 073 (075) □ 077D (075)
	□ 050A □ 050B □ 050D □ 050E	□ 079B (079C) □ 079D (079C)
	□ 059A □ 059B □ 059D □ 059E	□ 079E (079F) □ 079G (079F)
PI Name:	□ 060A □ 060B □ 060D	□ 079H (079J) □ 079K (079J)
	☐ Bio -Pharm 5 digit Pin Code:	□ 079L (079M) □ 079N (079M)
Protocol # (s):	No single digit repeats (e.g. 11111) or	□ 081 (083) □ 085 (083)
	consecutive series (e.g. 12345)	□ 087A <i>Includes 087A6 Procedure Area</i> Cubicle:
		□ 087A1 □ 087A2 □ 087A3 □ 087A4 □ 087A5
	BEHAVIOR CORE	□ 087B (087C) □ 087D (087C)
I understand that I am not to loan my badge to anyone or	□ Access Approved	□ 087E (087F) □ 087G (087F)
use any other than my own. In the event I am involved in	☐ MC HKRB Behavior Core Staff-All Rooms	□ 087H (087J) □ 087K (087J)
the confiscation of a badge for either reason, I understand	□ MC HKRB Behavior Core Room 074A	□ 087L (087M) □ 087N (087M)
that I have violated my access approval, and my privileges	Duration Needed From: To:	
will be revoked.	□ MC HKRB Behavior Core Room 074B	
	Duration Needed From: To:	Checklist:
	☐ MC HKRB Behavior Core Room 074C	
Signature Date	Duration Needed From: To:	□ PIN for Bio–Pharm
Signature Date	☐ MC HKRB Behavior Core Room 074D	DLAR Sticker: Date: Init:
	Duration Needed From: To:	
	☐ MC HKRB Behavior Core Room 074E	EyeLock: Date: Init:

Init: _____ Init: _____ Database: Date: _____ Init: _____ Security: Date: Init: DLAR-TRG-13 Date: DLAR-TRG-20 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)