BSL-3 ACCESS REQUEST FORM

INDIVIDUAL:

Last Name: ____________________________________________
First Name: ____________________________________________
Phone/Email: ___________________________________________
Inactive Date (how long for access?): _______________________

Signature: _____________________________________________

PI OR SUPERVISOR:

Name: _________________________________________________
Phone: _________________________________________________
Department: ____________________________________________

Signature: _____________________________________________

OTHER INFORMATION:

BUA #: ___________________ Expiration Date: _______________
BSL-3 Certification Training Date (most current date): _____________
Biohazard(s): ____________________________________________
Building / Room # or Floor: ________________________________

Reader Access is needed for entry to:
☐ Cellular & Molecular Medicine, East
☐ Stein Clinical Research 323
☐ Stein Clinical Research 425

If you have any questions or problems please contact:
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