



## Animal Facility Access Form

Please note: Approved animal facility access is valid for one year from the date of issue or to the end of your appointment, whichever is sooner. Contact your Home Department or Human Resources representative to renew/establish your appointment and to avoid possible proxy badge de-activation due to expiration.

Please complete **ALL** listed fields to ensure prompt processing, allow 24-48 hours for your proxy badge to be activated.

Email completed applications to [LARCFacilityAccess@ucsf.edu](mailto:LARCFacilityAccess@ucsf.edu) or fax to 415-476-0581. For questions, call 415-476-2204.

1. Name (Last, First \_\_\_\_\_)  Male  Female (for locker room access)

Applying for:  New Access  Renewal Access  Add/change rooms to existing access (indicate below at step 7) Are you:  UCSF Employee  UCSF Student  UCSF Volunteer

2. Lab Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Dept: \_\_\_\_\_

3. Card Number (number on back of UCSF ID badge): \_\_\_\_\_

UCSF Employee ID # (02XXXXXXXX) **this entry is mandatory** \_\_\_\_\_  
(If you do not know your 9 digit UCSF employee ID number, contact your HR representative)

4. PI Name (i.e. PI whose protocol(s) you are listed on): \_\_\_\_\_

5. Protocols listed on (list authorization numbers): \_\_\_\_\_

6. PI Signature Approval (required for New Access Only): \_\_\_\_\_

7. In the table below, select and list all locations where you are requesting access:

Building	Room(s)
<input type="checkbox"/> Parnassus Services Building (PSB)	
<input type="checkbox"/> Animal Towers	
<input type="checkbox"/> IRM (Regeneration Medicine)	
<input type="checkbox"/> Genentech Hall	
<input type="checkbox"/> Rock Hall	
<input type="checkbox"/> Helen Diller	
<input type="checkbox"/> Neuroscience 19A	
<input type="checkbox"/> Smith CVRB	
<input type="checkbox"/> Mission Center Building (MCB)	
<input type="checkbox"/> Mt. Zion	
<input type="checkbox"/> Gladstone	

### IACUC Required Training Completed

Course Name:	Date Completed:
BRER I	
BRER II	

### IACUC and LARC use only

Course Name:	Date Completed:
Species-Specific (mouse/rat)	
Hands on Euthanasia (mouse/rat)	
Facility Orientation	

MHS Questionnaire Completed:  Yes  No

Listed on Protocol:  Yes  No

Approved By: \_\_\_\_\_ date \_\_\_\_\_

LARC Facility Orientation Instructor Signature: \_\_\_\_\_ Bldg(s) \_\_\_\_\_ date \_\_\_\_\_