



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 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 | |
| <input type="checkbox"/> San Francisco General Hospital (SFGH) | |

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 _____