

IVIS Room (only) Access Form—Howard Hall

Complete **ALL** listed fields to ensure prompt processing. **Email completed applications to access@som.umaryland.edu**

Allow 24-48 hours for your One Card to be activated. For questions, email access@som.umaryland.edu

1. Name _____
(LAST) (FIRST)
2. Applying for: New Access Add/Change Current Access Remove Access
3. Status: UMB Employee UMB Fellow or Student Affiliate / Contractor
4. Email Address: _____ Phone: _____
5. Department: _____
6. One Card Proxy Number (located on bottom right on back of card): _____
7. PI Name: _____
8. PI Approval Signature: _____
9. Protocol number: _____
 I am approved personnel on the above IACUC-approved protocol and have emailed my personnel amendment to access@som.umaryland.edu
10. I received IVIS training from the Center for Translational Research in Imaging (CTRIM)

CTRIM authorization (print)

CTRIM authorization signed

VR USE ONLY

Facility Access Approved By: _____

Date Entered in Access System: _____

Building Access Submitted: _____