

Comparative Medicine and Veterinary Resources Animal Facility Access Form

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. Select and list all locations to which you are requesting access:

Building	Room(s)	Facility Tour Date (by CM/VR Manager or Supervisor)	Tour guide print and sign (or completion email provided)	Key ID number(s) (engraved on the key)
<input type="checkbox"/> Bressler Research Building (BRB)				
<input type="checkbox"/> Health Sciences Facility 1 (HSF-1)				
<input type="checkbox"/> Health Sciences Facility 3 (HSF-3) BAY <input type="checkbox"/> 2E <input type="checkbox"/> 3C <input type="checkbox"/> 4W				
<input type="checkbox"/> Howard Hall (HH)				
<input type="checkbox"/> Medical School Teaching Facility (MSTF)				
<input type="checkbox"/> School of Dentistry (SOD)				
<input type="checkbox"/> Maryland Psychiatric Research Center (MPRC)				
		Training Date	Trainer print and sign	
<input type="checkbox"/> Macaque Training (if applicable)				

Required Training

Requirement:	Date Completed:
Laboratory Animal Exposure Risk Assessment Program	
Occupational Health & Safety Program for Personnel with Laboratory Animal Contact	
Environmental Health and Safety	

VR USE ONLY

Facility Access Approved By: _____ Date Entered in Access System _____