### General Information:

Name: __________________________________________

Employee/Student ID Number: ________________________

Contact Info (Email and Phone Number):
Boise State Email Address or alternate email if not BSU employee/(208) 555-5555

ID Card Proxy Number:
Proxy Number (5 or 6 digit code on back of ID Card)

Job Classification: □ Faculty □ Staff □ Student (Please note; student access granted by semester/summer)

BSU Department or Center: ________________________

Boise State Email Address or alternate email if not BSU employee/xxx-xxx-xxxx

Emergency Contact Information:
Name: __________________________________________

Phone Number: __________________________________

Example: Cell: (208) 555-5555 Home: (208) 555-5555 work: (208) 555-5555

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### BRC - Lab Access Needed (check all that apply):

- □ MA207 (Tissue Culture Suite/ Microplate Reader /PCR-QPCR)
- □ MA211 (Histology Suite/Staining Workstation)
- □ MA217 (SDS-PAGE, IEF, Sorvall Lynx Centrifuge, Shaking incubators)

- □ MA209 (Research Support: Autoclave/Balances/Dishwasher)
- □ MA213 (Imaging Suite: Confocal Scope, X-ray MicroCT, LiCor Odyssey)
- □ MA205 (Conference Room/ miniCAVE/ Computer workstations)

- □ MA209A (CryoFreezer, -80 °C & 20 °C Freezer, Liquid Nitrogen)
- □ MA215 (Mass Spectrometers, CD Spectropolarimeter, Beckman AUC)

Please clearly state reason for needing access to the BRC lab(s):

Supervisor Signature: ____________________________ Date: ____________________________

Supervisor Print Name: ___________________________

* Return Form: Top portion completed and signed form to BRC Administrative office (MA225) or brc.boisestate.edu.

### Additional Requirements for BRC Access

1. Completion of Basic Safety Training (send training completion information to rbrown@boisestate.edu)

   * Blackboard - EHSS Training: Lab Safety, Hazardous Waste Training, A Day in the Lab
   * CITI Training: Biosafety Essentials & Appropriate RCR Training

   ★ PLEASE NOTE:
   - Additional training will be required to utilize the Tissue Culture Facility, and individual instrumentation (ex. Confocal Microscope, Skyscan MicroCT, Histology, Spectropolarimeter, etc...)
   - Additional training may be required by IBC, IACUC - specific to your BRC related research activity.

2. Orientation - iLAB Account/BRC Lab Orientation

   - □ iLAB/Cross Lab Account setup/introduction
   - □ BRC Lab Orientation (lab tour / introductions)
   - □ BRC Staff: ____________________________ Date/Signature ____________________________

### BRC internal use only - (records must be saved to BRC Member File @ L:Common\Lab Safety\Training Records\)

- □ Basic Safety Records Completed and Filed
  - BRC Staff: ____________________________ Date/Signature ____________________________

- □ Access to BRC Granted (full/ temp to date:_______)
  - BRC Staff: ____________________________ Date/Signature ____________________________

- □ Proxy Access set up/email to requester/PI
  - BRC Staff: ____________________________ Date/Signature ____________________________

- □ Lab Storage: locker/lab room - drawer/cabinet location
  - □ Access to Research Share: Identify Path

Additonal Training/Access Notes

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