

Biomolecular Research Center Labs - Member Access Request Form

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

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

<input type="checkbox"/> MA207 (Tissue Culture Suite/ Microplate Reader /PCR-QPCR)	<input type="checkbox"/> MA211 (Histology Suite/Staining Workstation)	<input type="checkbox"/> MA217 (SDS-PAGE, IEF, Sorvall Lynx Centrifuge, Shaking incubators)
<input type="checkbox"/> MA209 (Research Support: Autoclave/Balances/Dishwasher)	<input type="checkbox"/> MA213 (Imaging Suite: Confocal Scope, X-ray MicroCT, LiCor Odyssey)	<input type="checkbox"/> MA205 (Conference Room/ miniCAVE/ Computer workstations)
<input type="checkbox"/> MA209A (CryoFreezer, -80 °C & 20 °C Freezer, Liquid Nitrogen)	<input type="checkbox"/> 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

<input type="checkbox"/> iLAB/Cross Lab Account setup/introduction	<input type="checkbox"/> BRC Lab Orientation (lab tour/ introductions)	BRC Staff:	Date/Signature
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BRC internal use only - (records must be saved to BRC Member File @ L:Common\Lab Safety\Training Records\)

<input type="checkbox"/> Basic Safety Records Completed and Filed	BRC Staff:	Date/Signature
<input type="checkbox"/> Access to BRC Granted (full/ temp to date: _____)	BRC Staff:	Date/Signature
<input type="checkbox"/> 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