UNIVERSITY OF TORONTO
Division of Comparative Medicine

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Ver2016.10.20

Division of Comparative Medicine
Facility Access Request Form

Weekly access request form drop-off hours: Tuesdays and Thursdays 1-3pm **Drop-off location: Room1236, MSB**

REQUESTER'S INFORMATION

Last Name: _____ **First Name:** _____

Phone #: _____ **Email:** _____

Department: _____ **Lab Position:** _____ **Student/ Personnel #:** _____ **UTORid:** _____

ACCESS INFO (Please check all that apply)

Card / Fob #: _____ **Expiry Date*:** _____

* PI / Supervisor must provide cardkey/ key fob expiry date for all staff.

MSB	CCBR		
☐ MSB Perimeter	☐ Yellow Suite	☐ Brown Suite	☐ Red Suite
☐ DCM (MSB)	☐ Green Suite	☐ CCBR Irradiator	☐ CL3 Suite

PRINCIPAL INVESTIGATOR/ SUPERVISOR'S INFORMATION

PI Name: _____ **DCM Account #*:** _____

(* DCM activation fee $5.00)

PI / Supervisor Signature: _____ **If signed by supervisor, print name:** _____

OFFICE USE ONLY

Date Received: _____ **Date Issued:** _____ **DCM Authorization:** _____

Remarks: _____