

# BCOE Cell Culture Facility Use Request Form

PI Name: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

# BSCs needed: \_\_\_\_\_ FAU: \_\_\_\_\_

BUA #: \_\_\_\_\_ (REQUIRED for all cell culture work)

HRRB #: \_\_\_\_\_ (Required for human cell work)

SCUA #: \_\_\_\_\_ (Required for human pluripotent stem cell work)

IACUC Protocol: \_\_\_\_\_ (Required for non-human cell work)

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Indicate preferred work hours for each weekday (NOTE: every effort will be made to accommodate desired days/times)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List cell lines to be used in facility (please print/type clearly):

List personnel who will work in facility (please print/type clearly):

Incubator needed? YES ☐ NO ☐ # SHELVES NEEDED \_\_\_\_\_

List items you plan to bring into the Facility:

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By signing I acknowledge I have read, understand, and agree to abide by the BCOE Cell Culture Facility Operating Policy and Procedures and agree to ensure all required training is successfully completed and documented for all of my research personnel.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT COMPLETED FORM ALONG WITH A COPY OF YOUR APPROVED BUA TO BCOE DEANS OFFICE –  
ATTN: SAFETY & FACILITIES COORDINATOR**

OFFICIAL USE ONLY:

## APPROVAL ROUTING

	Review Status (approved/denied)	Date	Signature
Microbial Cmte Chair			
Mammalian Cmte Chair			
Administrative Oversight			
Technical Oversight			

DEANS OFFICE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION(S) ASSIGNED:

PRIMARY

SECONDARY (IF APPLICABLE)

Building	Room #	Hood #	Building	Room #	Hood #

DAYS/TIMES ASSIGNED:

HOOD 1

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HOOD 2

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY