

New Access Request		Update Access Request	
TRAINEE INFORMATION			
First Name Last Name			
Email			
Work contact #After hours contact #			
RESEARCH LAB INFORMATION			
Principal Investigator (PI) Name			
PI Contact #			
ANIMAL USE PROTOCOL INFORMATIONYou must be listed in the AUP at the time of this request.			P at the time of this request.
Animal Use Protocols			
RESEARCH EDUCATION		Please attach all completed certifications.	
Animal Ethics & Regulations			
□ Rodent Handling and Care □ Mouse		Rat Other (please specify):	
Other (please specify):			
EMPLOYMENT STATUS			
□Faculty			
Staff	Full-time Part-Time		
Student	Undergraduate (1 year)	□Summer (5 months)	
	□ Masters (2 years) □ PhD (5 years)		
CARD ACCESS REQUIREMENTS Please check all that apply			
MSB/DSB (Health Sciences)		West Valley Building	Robarts Research Institute
□Conventional Mice and	Rats	Link Access	□Barrier (1284/1286)
□Inclusion/Exclusion Barriers		WV Barrier	Behaviour Facility (1291)
□Inclusion/Exclusion Barriers w/Level 2 Biohazards		□Non-Human Primate Module	□In/Out Barrier (1296)
□6050 Suite		□Large Animal Module	□Non-Human Primate Module
		Previous Sheep Module	
FACILITY REQUIREMENTS			
Personnel working with biological and chemical hazards must provide confirmation of N95 Mask Fit from Occupational Health and Safety			
Personnel requiring access to Non-Human Primate areas must provide confirmation of health clearance from Staff/Faculty Health.			
□ I have attached confirmation of medical health clearance required for work with non-human primates.			
WESTERN ONECARD DETAILS			
Card #		PIN#	*4 digit #.Last 2 digits must not be the same.
OFFICE USE ONLY			
TRAINING RECORD			
Facility Orientation Dat	e		
Card Activation Date		Card Deactivation Date	
Area Specific Training & Trainer			
		As applicable	
SERVICE CHARGE			
Speed Code		Hours	