

## Service and Access Facility Request Form

**Submitted before starting the Project**

Date

MM/DD/YYYY

QU student:

QU Staff:

External:

### 1. Application:

Project Title/Service:

Project/Service Duration:

Grant source:

Grant number:

### 2. Applicant's (internal/external) Details

Name:

Student/QU- ID number:

Phone Number

E-mail Address

Department:

Institution:

Role in project:

Lead PI Name:

Lead PI E-mail address

### 3. Facilities request

Please provide the following details:

Source of samples:

If other, please specify

Hazardous: Yes

No

Type of Samples

Equipment used:

Chemicals used:

Radioactive: Yes

No

**Working days/time:**

**Starting usage date:**

**Expecting end date:**

MM/  
DD/  
YYYY

<b>IBC:</b>	<b>Approval number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Status of application</b>
		<input type="text"/>	<input type="text"/>	
<b>IRB :</b>	<b>Approval number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Status of application</b>
		<input type="text"/>	<input type="text"/>	
<b>IACUC:</b>	<b>Approval number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Status of application</b>
		<input type="text"/>	<input type="text"/>	

#### 4. Service Charge:

For internal users, services will be free of charge upon acknowledgment of BRC. For external users, an acknowledgment of BRC and payment for the cost of BRC's technician working hours is needed. In all cases, all needed chemicals and consumable has to be provided by the service requester.

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#### 5. Acknowledgment & Disclaimer by the PI

**I take full responsibility for any misuse or mishandling of the equipment mentioned in this request. I ensure that the "Applicant" is fully trained on the proper usage of this equipment. Furthermore, I understand and accept that I may be required to compensate the BRC management for part or the full price of the equipment in the event of any damage caused by this "Applicant".**

#### Acknowledgment & Disclaimer by the Applicant

**I acknowledge I have read the safety and security procedures for QU and release BRC from any liability in case of an accident resulting from negligence or misuse by my end.**

**I confirm that I am trained on the proper usage of this equipment and have read its SOP.**

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#### 6. Signatures:

**BRC Technical Manager**

**Supervisor's Research assistant (RA)**

**Applicant's (s)**

**Principle Investigator**