

## HUP Irradiator Access Request Form

This form must be completed by all individuals requesting access to an irradiator

### Location of Irradiator Requested

Name:	Title:
Department:	Phone #
<i>By signing this application I attest that all the information I have provided is true and complete. I also agree to follow all the required rules and requirements when accessing and/or using irradiators. I also agree to access and operate the irradiator only for approved activities and will not access or use this device in any unauthorized manner.</i>	
Signature of Applicant:	Date

If you have > 3 years of experience at your current institution, have your supervisor sign below. Submit this form to EHRS.

*I reviewed the applicant's request for irradiator access and confirm their need to use this device. They have been employed by Penn, HUP, CHOP, Wistar (circle one) for more than 3 years. I have reviewed their employment history and believe that this individual is trustworthy and reliable. I have no information that would indicate that access to the device requested should not be approved.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

If you have < 3 years of experience at your current institution, submit this form to EHRS

Submit completed request forms to EHRS by fax at 215-898-0140.

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The above individual has met the required elements to be deemed trustworthy and reliable.

\_\_\_\_\_  
EHRS signature

\_\_\_\_\_  
Date