**FORM III. Access Request Form**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identification of Requestor / Principal Investigator** | | | | | |
| Principal Investigator: | | | Penn ID: | | |
| School: | | Department: | | | |
| Mailing Address: | | | | | Mail Code: |
| Telephone: | Fax: | | | Email: | |
| Facility requested: Hill Pavilion  Johnson  Stemmler | | | | | |
| Will you be entering the BSL-3 Laboratory? YES  NO | | | | | |

|  |  |  |
| --- | --- | --- |
| **Lab Members Requiring Access to BSL-3 Laboratory** | | |
| Name | Title | Penn ID |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Safety Certification**

As principal investigator, I certify that the member(s) of my laboratory (listed above) have the requisite, minimum experience (Form IV), and have completed **all required** **EHRS trainings**.

**Signature: Date:**