

Vivarium Security Access Request Form

Step 1 Make sure your name appears on an active Animal Research Committee (ARC) protocol. Talk to your Principal Investigator if you are unsure or contact the Office of Animal Research Oversight (OARO) at (310) 206-6308 or oaro@research.ucla.edu.

Step 2 Complete all ARC and DLAM required training. Information on ARC training can be found at: http://ora.research.ucla.edu/OARO/Pages/certification_info.aspx. DLAM required training can be found at: <https://portal.dlam2.ucla.edu/EducationTraining/DLAMTraining/Pages/default.aspx>.

Step 3 Complete the questionnaire below and **submit to CHS 1V-211, 1V-203 or fax to 310/825-6119**. Bruin cards are non-transferrable-lost/stolen cards contact 5-2336. *Failure to comply with any access policy may result in the revocation of access privileges.*

| UCLA Cardholder Information | | | | | |
|-----------------------------|--|---------------|--|-----|--|
| Last Name: | | First Name: | | MI: | |
| Department: | | Campus Phone: | | | |
| Bruin ID #: | | PI: | | | |
| Active Protocol: | | | | | |

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Circle requested access area(s):

Barrier Training and Walkthrough required for some areas.

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|--------|--------|---------------------|-------|------|-------|-------------|
| CHS 1v | CHS 5v | B-Floor (PH/CHS) | WH | BSRB | AR173 | NRB _____ |
| CHS 2v | CHS 6v | MRL | FRANZ | TLSB | CNSI | Other _____ |
| CHS 3v | CHS 8v | GONDA | | | | |

Cardholder's Signature: _____

Cardholder's Department Authorization: _____ (Signature/Date) _____ (Print)

(PI, Supervisor, or Lab Manager)

DLAM OFFICE USE ONLY:

| | | | |
|---------------------|----------------|------------------|------------|
| Orientation | Facility _____ | Supervisor _____ | Date _____ |
| Orientation | Facility _____ | Supervisor _____ | Date _____ |
| Orientation | Facility _____ | Supervisor _____ | Date _____ |
| Assigned plan _____ | | | |