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| **Researcher Information** | | | | | | | | | | |
| Researcher Name: | | | | | | | | | | |
| Job title: | | | | | | | | | Net ID: | |
| PI: | | | | | | | | | | |
| Department: | | | | | | | | | | |
| Today’s Date: | | | | | | | | | | |
| **Proposed Research Background Information** | | | | | | | | | | |
| What specific RG-3 agents are you applying to work with? Please list all: | | | | | | | | | | |
| What type of research are you applying for? Check all that apply: | | | | | | | | | | |
|  | |  | In vitro BSL-3 research | | | | | | | |
|  | |  | In vivo ABSL-3 research | | | | | | | |
| Will you be inactivating and bringing samples outside of the A/BSL-3 Laboratory (high-containment)?:  Yes, I plan to process inactivated samples in the BSL-2 lab  No, I plan to finish all my experiments in the A/BSL-3 lab  Will you be working with specialized equipment? If so, please specify the type of equipment and location (A/BSL-3 lab, A/BSL-2 lab, or facility core): | | | | | | | | | | |
|  |  | | | Yes (if yes, please list: cell sorter, IVIS, multi-photon microscope, etc.) | | | | | | |
|  |  | | | No | | | | | | |
| Please describe any specialized procedures or processes pertaining to your proposed work (e.g., assisting or collaborating with another approved BSL-3 or ABSL-3 user on a research project, deliberate aerosolization of RG3 agents, etc.): | | | | | | | | | | |
| **Education** | | | | | | | | | | |
| Date | | | | | Institution | | | Major Area of Study | | Degree(s) Earned |
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| **Laboratory Experience** | | | | | | | | | | |
| *Please summarize your hands-on experience in working with RG-2 and/or RG-3 agents (e.g., bacteria, mycobacteria, viruses, parasites, viral vectors, prions, human and animal pathogens, select agents and toxins) in a BSL-2 and/or BSL-3 laboratory. Provide the approximate dates of your employment, the institution where the work took place and a description of the work including the names of the RG-2 and/or RG-3 agents you studied. Attach your CV or NIH Biosketch highlighting publications resulting from your work with RG-2 and/or RG-3 agents. Attach certificate(s) of completion if you have participated in a formal BSL-3 and/or ABSL-3 training program. Copy this page and complete additional sections, if necessary.* | | | | | | | | | | |
| Dates and Institution: | | | | | | | | | | |
| Description of work: | | | | | | | | | | |
| Dates and Institution: | | | | | | | | | | |
| Description of work: | | | | | | | | | | |
| Dates and Institution: | | | | | | | | | | |
| Description of work: | | | | | | | | | | |
| Dates and Institution: | | | | | | | | | | |
| Description of work: | | | | | | | | | | |
| Signature and Date of Individual Requesting Access | | | | | | | | | | |
|  | | | | | | | | | | |
| Signature | | | | | |  | Date | | | |