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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 or select agents are you applying to work with? Please list all:  |
| Provide a summary of the proposed work: |
| Do you require specialized equipment to be present in the A/BSL-3 facility? If so, please specify the type of equipment and the optimal location: |
|  |  | Yes (if yes, please list: cell sorter, IVIS, multi-photon microscope, etc.) |
|  |  | No |
|  List equipment: |
| 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 or select 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 below the approximate dates of your employment, the institution where the work took place and a description of the work including the names of the agents you studied.*
* *Attach your CV or NIH Biosketch highlighting publications resulting from your work with RG-2 or RG-3 or select 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.*
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| 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 |
| Department Chair Review and Signature |
| *Chair must evaluate the proposed request to assess research potential, necessary investment/training, and the researcher’s ability to meet A/BSL-3 core facility use criteria.* |
| *Comments:* |
|  |
| Signature |  | Date |
| IBC Scientific Liaison |
| *Scientific Liaison will evaluate and provide a recommendation summary to respective college official for consideration.* |
| *Comments:* |
|  |
| Signature |  | Date |
| Senior Associate Dean for Research or Vice President for Research |
| *The senior officials will review the proposal and recommendations to assess if use of the facility for that purpose is in alignment with the College and/or UVM strategic plans for the facility.*  |
| *Comments:* |
|  |
| Signature |  | Date |