

Comparative Medicine

Add / Delete Access Control Form

Project PI: Please complete the upper section for each individual. Sign at the bottom to authorize participation in the project.

(Student employees need to use their **work badge card #**, not their vet student badge card #.)

Card # _____ Name: _____ KSU Phone # _____

Investigators name/lab: _____ IACUC Protocol#: _____ IBC Protocol #: _____

Investigator's Signature: _____ Date: _____

=====

To be completed by CMG

Effective Date/Dates: _____

Mosier Hall

ADD / Door # or Location: _____

DELETE / Door # or Location: _____

Trotter Hall

ADD / Door # or Location: _____

DELETE / Door # or Location: _____

Coles Hall

ADD / Door # or Location: _____

DELETE / Door # or Location: _____

L.A.R.C.

ADD / Door # or Location: _____

DELETE / Door # or Location: _____

Key(s) needed: _____

Completion dates
IACUC Modules:
IBC Module:
OCC. HEALTH:

CMG Director / Assistant Director Signature: _____ Date: _____