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| BADGE ACCESS REQUEST (INDIVIDUAL) | | KSU Comparative Medicine Group 143 Coles Hall, 1620 Denison Ave., Manhattan, KS 66506 cmg@vet.k-state.edu Tel 785.532.5640 Fax 785.532.5682 | | CMG Use Only: |
| PART 1 – To be completed by the project PI. Please complete this upper section for EACH individual requesting access. Sign and date this portion to authorize their participation in the project. (Please note that student employees need to use their work badge number, not their vet student badge number.) | | | | Request Date: |
| Requester Name (Last, First, MI.): | | Classification: | Department: | Phone No: |
| Requester Badge No: | Investigator Name (Last, First, MI): | | IACUC Protocol No: | IBC Protocol No: |
| Investigator Signature (or authorized designee): | | | | Date: |
| PART 2 – To be completed by CMG | | | | |
| Effective Dates: THRU | | Named in Protocol: Yes No N/A | | CMG Main Orientation: |
| Requested Accesses (Room No and/or Location): | | | | |
| Required Key(s): | | | | |
| PART 3 – CMG Director Approval | | | | |
| Name: Jason Grady, DVM, MS, DACVIM | | Signature: | | Date: |

Published 03/01/2023