MULTI-BADGE ACCESS REQUEST

KSU Comparative Medicine Group

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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:

| | | List of Pe | rsonnel | | | | | |
|--|-------------|-------------------|---------|-----------|--------------|---------------------|--|--|
| Name: | Badge No: | | | | Phone No: | | | |
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| Name: | : Badge No: | | | | Phone No: | | | |
| Investigator Name (Last, First, MI): | | | | IACUC | Protocol No: | IBC Protocol No: | | |
| Investigator Signature (or authorized designee): | | | | l | | Date: | | |
| PART 2 – To be completed by CMG | | | | | | | | |
| Effective Dates: | Named in P | amed in Protocol: | | | | G Main Orientation: | | |
| THRU | Yes | No | N/A | | | | | |
| Requested Accesses (Room No and/or Location): | | | | | | | | |
| Required Key(s): | | | | | | | | |
| PART 3 – CMG Director Approval | | | | | | | | |
| Name: Jason Grady, DVM, MS, DACVIM | | Signature: | | | | Date: | | |