

California Institute for Quantitative Biosciences

To: BNC Applicant From: BNC Management

Subject: BNC Facility Access - User Information (Rev 3/1/22)

The following information is required for approval for use of the BNC facilities. Please follow the steps below:

- 1. Please fill in the appropriate boxes and print legibly. It is the user's responsibility to ensure that the information below is accurate. Inaccurate information will result in immediate revocation.
- 2. Interview and signoff by BNC management can be done by Paul Lum located in 121 Stanley (1st floor).
- 3. Sign off for safety and equipment training will be done by Paul Lum or staff per arrangement.
- 4. Completed form must be submitted to the BNC Management office, 121 Stanley.

| User First Name: | | User Last Name: | | | User Email: | | | | |
|--|---|-------------------------------|------------------|--|---------------|------------|---------|---------------|---------------|
| PI Name: | | PI Email: | | | PI Home Dept: | | | | |
| Research Administrator No | | Research Administrator Email: | | | | | | | |
| ACCESS PER | | | | Chartstring | | | | | |
| BEGIN DATE EN | | DATE | UC Campus | Fund | | Org | Prog | CF1 | CF2 |
| | | | | | | | | | |
| Have you completed Lab Safety Training? | ave you completed MicroFab Orientatind Safety Training? ate of Training: | | | on Will you be working with any biological materials in the BNC? | | | | | |
| <u>PI</u> : I acknowledge that it is associated with the resease | _ | | nager's respons | ibility to not | ify E | BNC when t | he abou | ve user is no | <u>longer</u> |
| PI SIGNATURE: | | DATI | DATE: | | | | | | |
| <u>USER</u> : I acknowledge that operations, and processin Violations can result in re | g protoc | ols. Such p | rotocols are loc | | | | | - | • • |
| User Applicant Signature: | | DATI | DATE: | | | | | | |
| | | | FOR BNC U | JSE ONLY | | | | | |
| BNC Facility Director Signature: | | | | DATE | Ē: | | | | |
| | | | Paul Lum, Faci | ility Director | r | | | | |