

University Animal Care Card Access/Room Key Request

Date: _____

- You may need to download the form if you only have Acrobat Reader (top right of screen).
- If the submit button doesn't work, download the form and send to UAC-coordinators@list.arizona.edu.
- If you cannot use the form directly from the web page, contact us or your lab manager for help.
- Always check your sent email to ensure the form was completed and sent.
- Do not send scanned forms or screen shots.
- You must have a Biometric CatCard to access UAC facilities- do not submit your request until you do.
- Make sure to select all facilities in which you need access.

Check all that apply:

AHSC	BIO 5	CAF	PBC- Phoenix Campus
<input type="checkbox"/> Arizona Health Sciences Center (including Life Sciences North, Pharmacy and AZCC) BSRL MRI tunnel access	<input type="checkbox"/> BIO5 Barrier Facility <input type="checkbox"/> BIO5 - ABSL3 Room 5b <input type="checkbox"/> BIO5 - ABSL2 Room 22F <input type="checkbox"/> BIO5- Room 7 <input type="checkbox"/> BIO5 - 22 suite & MRI Access	<input type="checkbox"/> Central Animal Facility <input type="checkbox"/> Psychology <input type="checkbox"/> Animal & Comparative Biomedical Sciences Door (ACBS labs only)	<input type="checkbox"/> PAF

Principal Investigator: _____		
Note: <i>Name of supervisor if not research staff</i>		
Request: <input type="checkbox"/> Keys <input type="checkbox"/> Security Access Card		
For: _____ <i>Last Name</i> <i>First Name</i> <i>M.I.</i>		
Email: _____	Contact Phone: _____	Lab Phone: _____
Department: _____	Cat Card or PBC Card #: (16 digits) _____	
Position: _____	Protocol(s) # _____	
Animal Facility Room Number(s) needed:		
Facility Main Door key needed for: AHSC and/or CAF? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BIO5 Locker Room (for those needing access to BIO5 barrier facility)? <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Normal card access hours (5 am – 10 pm – 7 days/week)	<input type="checkbox"/> * All Hours (24 hrs. 7 days/week) <i>*By checking this box, you must justify.</i>	
*Justification for 24-hour access: _____		
UAC Approval: _____		

University Animal Care Coordinator Use Only:

Date processed:	Access level/s:	Exp. date:	Initials:
Training needed: <input type="checkbox"/> MI/IVC Sterile-Standard <input type="checkbox"/> BIO5 Barrier <input type="checkbox"/> Biohazard <input type="checkbox"/> NHP -Date completed: _____			

University Animal Care Business Services Use Only:

Date processed:	Added to UAC Database Initials:	Entered into Remedy Initials:	Key paperwork completed (if different) Date: Initials: