

# 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 - North Campus	Keating BIO 5	CAF -South Campus	PAF- 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

<b>Principal Investigator:</b> _____ Note: <i>Name of supervisor if not research staff</i>		
<b>Request:</b> <input type="checkbox"/> Keys <input type="checkbox"/> Security Access Card		
<b>For:</b> _____                      _____                      _____ <i>Last Name</i> <i>First Name</i> <i>M.I.</i>		
<b>Email:</b> _____	<b>Contact Phone:</b> _____	<b>Lab Phone:</b> _____
<b>Department:</b> _____	<b>Cat Card or PBC Card #: (16 digits)</b> _____	
<b>Position:</b> _____	<b>Protocol(s) #</b> _____	
<b>Animal Facility Room Number(s) needed:</b> _____		
<b>Facility Main Door key needed for: AHSC and/or CAF?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BIO5 Locker Room (for those needing access to BIO5 barrier facility)?</b> <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>	
<b>*Justification for 24-hour access:</b> _____		
<b>UAC Approval:</b> _____		

**University Animal Care Coordinator Use Only:**

<b>Date processed:</b>	<b>Access level/s:</b>	<b>Exp. date:</b>	<b>Initials:</b>
<b>Training needed:</b> <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:**

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