

DIVISION OF COMPARATIVE MEDICINE

1100 BIOINFORMATICS BUILDINGT: 919 962-5335 CAMPUS BOX 7115 F: 919 962-9741

CHAPEL HILL, NC 27599-7115

DCM Animal Facility & Building Access Request Form

1. *Employee's Name	ETE FORMS WILL NOT BE	PROCESSED		
•		*First:		MI:
	it appears or will appear on			
2 *PID #· If applicable, please provi			(5	(5 or 6, digit # after */+ on back
3. *Principal Investigate	School	l of Medicine Badge (SOM) #:	·O	f SOM badge; bottom right)
		*(SIGN) _		
	*Email: _			
4. *Protocol #/s:			_ (YOU MUST BE ON AN	APPROVED PROTOCOL)
5. Department Name: _		Departn	nent Number:	
6. *Please Check ONE Buil	lding you're requesting access	to; limit one building per f	orm.	
O Bingham Facility	O Davie Hall	O Dental Sciences	O Genetic Medicine Lower Basement	
O FOBRL/Carrboro Facilities	O Kerr Hall	O Marsico Hall	O Mary Ellen Jones	O Medical Biomolecular Research Bldg.
O McGavran	O Neuroscience Research Bldg. 1	O Neuroscience Research Bldg. 2	O Taylor Hall	O Thurston-Bowles
7. *Please list NEW roo Number, in the box belo	om assignment by Room low:	by the Em		Room #s currently being use NOT LISTED BELOW WILL OGE.
(ADD)			VT ACCESS)	
2 *D 'II' Thom Coil	* **		Data	
8. *Building Tour Guide Signature: Date:				
*Employee's Signature	2:			
*Email Address:				
*Date:	PI	Phone:		
DCM OFFICE USE ON	NLY:			
Signature of Approval:	,		Date	j.

Please direct any questions to Alyssia Davis at 919-962-5335 or email questions to alyssia@email.unc.edu