



CTRC SPECIALIZED AREA ACCESS REQUEST

Name:

Date:

Organization / PI:

Department:

CTRC Pass #:

Kaleida Pass #:

ALL training and other requirements of the specialized area must met prior to submitting this form for approval. No access will be granted without signature of one Authorized Approver and CTRC Administration.

Table with 3 columns: SPECIALIZED AREA, AUTHORIZED APPROVERS, and APPROVER SIGNATURE. Rows include Clinical Research Office/CRC, Clinical Research Center Pharmacy, CTRC Angio Suite, Jacobs Institute, Lab Animal Facility, MR Imaging Center, Office of Research Compliance, and UB Stor.

CTRC ADMINISTRATIVE APPROVAL:

CTRC Building Manager or Designee Name:

Signature: _____

Email completed form to: CTRCadmin@buffalo.edu or deliver to:

CTRC Building Manager
5090F CTRC
875 Ellicott Street
Buffalo, NY 14204

Access Granted Date: _____

By: _____