**FORM III. Access Request Form**



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| **Identification of Requestor / Principal Investigator** |
| Principal Investigator:       | Penn ID:       |
| School:       | Department:       |
| Mailing Address:       | Mail Code:       |
| Telephone:       | Fax:       | Email:       |
| Facility requested: Hill Pavilion [ ]  Johnson [ ]  Stemmler [ ]  |
| Will you be entering the BSL-3 Laboratory? YES [ ]  NO [ ]  |

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| **Lab Members Requiring Access to BSL-3 Laboratory** |
| Name | Title | Penn ID |
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**Safety Certification**

As principal investigator, I certify that the member(s) of my laboratory (listed above) have the requisite, minimum experience (Form IV), and have completed **all required** **EHRS trainings**.

**Signature: Date:**