

**WIBR USERS PLEASE FOLLOW THESE STEPS TO GAIN BADGE ACCESS TO THE FACS FACILITY (Note: During restrictions in place due to WI Covid policy, please obtain electronic signatures where signatures are required. Email signed document to Kathy Daniels ([kathyd@wi.mit.edu](mailto:kathyd@wi.mit.edu)))**

Rev. 04012021

**STEP 1**

Complete **Section I** and **Section II** of the “**ID Badge Registration Form – FACS Facility**” (page two of this document), including:

- Contact Information
- PI **signature** to accept charge backs
- Sample information (a project number is required)
- User acknowledgement and **signature**

**Note: Contact FACS staff Kathy Daniels [kathyd@wi.mit.edu](mailto:kathyd@wi.mit.edu) if you will be using primary human samples as additional documentation is required and must be approved by both Flow Cytometry and the EH&S office before access is granted**

**STEP 2**

Contact the EH&S office(1st floor or email Pari Arokairaj ([araj@wi.mit.edu](mailto:araj@wi.mit.edu))) to find out when you can attend the next Blood Borne Pathogen(BBP) training. If you have attended BBP training at WIBR, skip to STEP 3

**STEP 3 ( electronic signature required)**

Bring the “**ID Badge Registration Form –FACS Facility**” to your safety orientation/ BBP training and collect EH&S staff signature on the form

If you have already completed safety orientation/BBP training, bring the “**ID Badge Registration Form -FACS Facility**” to the EH&S office for staff signature )

**STEP 4 (email signed document to Kathy Daniels)**

Bring “**ID Badge Registration Form – FACS Facility**” to FACS facility to attend FACS-specific orientation (no appointment is necessary) and collect staff signature. Staff will orient you to FACS facility and explain policy (15-20 minutes). Staff will discuss your cytometry needs with you and assist you to schedule training and/ or sort appointments.

**STEP 5 (Not applicable during WI Covid Phase Policy)**

Bring complete registration form to the front desk on the first floor. Your ID badge should be activated for room 429 access within 24 hours.



## ID BADGE REGISTRATION FORM – FACS FACILITY

Rev 8.24.17

### SECTION I.

#### USER CONTACT INFORMATION *(PLEASE PRINT)*

User's Full Name:

Email: \_\_\_\_\_ Check one:  Academia  Industry

Cell #: \_\_\_\_\_ Lab/Employer Name: \_\_\_\_\_

Work #: \_\_\_\_\_

#### BILLING

***\*PRINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES\****

PI Name (print): \_\_\_\_\_ PO Number (*non WIBR only*): \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### EMERGENCY CONTACT

***\*ONLY REQUIRED FOR NON-WIBR USERS\****

##### Contact 1:

First & Last Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

##### Contact 2:

First & Last Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_



## SECTION II.

### EH&S SAFETY APPROVAL & ORIENTATION

#### SAMPLE INFORMATION

The biological material was prepared as described in:

Biological project number:

Last renewal date:

Species:

Cell lines to be used:

Infectious agents present?     Yes     No

#### Safety Orientation Completed by:

EH&S Staff (print name):

Date completed:

Signature:

#### Blood-borne Pathogens Training Completed/Updated by (if applicable):

EH&S Staff (print name):

Date completed:

Signature:

### FACS APPROVAL & ORIENTATION

My signature below verifies that \_\_\_\_\_ has permission for ID badge access to the Flow Cytometry Core Facility as indicated below. The user has completed facility-specific safety training.

#### Approved Access for:

##### Building Entrance, 455 Main Street

- M-F, 8:30a – 5p **OR**  
 24 hours/7 days/week

##### FACS Facility

- Room 429

FACS Facility Staff (print name):

Date:

Signature:



**USER ACKNOWLEDGEMENT**

My signature below verifies that I have received both general, and core-specific safety training, including relevant policies and that I agree to abide by these policies.

Name (print):	Date:
Signature:	

**ID BADGE ACTIVATION, ROOM 429 – FACILITIES**

<b>Activated by:</b>	
Name (print):	Badge #:
Signature:	
Activation Date:	Expiration Date: