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 Patrick Autissier (autissie@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 Patrick Autissier autissie@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) to find out when you can attend the next Blood Born 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 Patrick Autissier)
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

**SECTION I.**

## USER CONTACT INFORMATION *(PLEASE PRINT)*

<table>
<thead>
<tr>
<th>User's Full Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Check one:  ____ Academia  ____ Industry</td>
</tr>
<tr>
<td>Cell #:</td>
<td>Lab/Employer Name:</td>
</tr>
<tr>
<td>Work #:</td>
<td></td>
</tr>
</tbody>
</table>

## BILLING  *PRINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES*

<table>
<thead>
<tr>
<th>PI Name (print):</th>
<th>PO Number <em>(non WIBR only):</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>PI Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

## EMERGENCY CONTACT  *ONLY REQUIRED FOR NON-WIBR USERS*

**Contact 1:**

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home/Work #:</td>
<td>Cell #:</td>
</tr>
</tbody>
</table>

**Contact 2:**

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home/Work #:</td>
<td>Cell #:</td>
</tr>
</tbody>
</table>
## 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

Activated by: ____________________________
Name (print): ___________________________ Badge #: ______
Signature: ______________________________
Activation Date: ___________ Expiration Date: ___________