

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)

Email complete registration form to HR at humanresources@wi.mit.edu. 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, HUMAN RESOURCES - SEND FORM TO: HUMANRESOURCES@WI.MIT.EDU

Activated by:

Name (print):	Badge #:
Signature:	
Activation Date:	Expiration Date: