

Request for TRLab Access

Date of Request:

School/Department:

Name of User:

Name of PI/Responsible Party:

Contact Information

Phone:

Email:

Address:

USC ID:

Security ID (first 6-digit on backside of USC ID):

Requirements for TRLab Access Important note: Per EH&S regulations, researchers need to add TRLab room number to their BUAs and IACUC protocols. Please consult with the TRLab Director for more information.

1. Inclusion in BUA protocol BUA ID: _____ Date: _____
2. Completion of individual training on lab safety and policies by PI or PI's designee
Trainer Name: _____ Date: _____
3. FBS Account – Worktag or PayAlias:
4. Estimated Duration of Research: _____ Start Date: _____ Stop Date: _____
5. Please carefully read TRLab policies and sign _____ Date: _____
6. **(Only SoP members)** Upon completing first-time user training, user will be given access to PSC B2 (autoclave), B3 (water system), 402B, 510 and 527.

Citation Reminder: For any publications, presentations, abstracts or other works resulting from the utilization of TRLab or USC Mann School of Pharmacy and Pharmaceutical Sciences resources, we ask that you acknowledge the Translational Research Laboratory Core. This helps ensure continued support of the lab and lab personnel.

Citation Language: Please feel free to use this template language to acknowledge the Translational Research Laboratory.

"This work made use of the [name of equipment/service] in the Translational Research Laboratory Core in the University of Southern California Mann School of Pharmacy and Pharmaceutical Sciences."

By signing below, the Principal Investigator agrees to assume responsibility for the proper use of equipment and to be fully liable for the cost of repairs/replacement due to damage resulting from improper use by his/her research personnel.

Name of PI

Signature

Date

For TRLab use only

Completion of TRLab First-Time User Training

Date: _____

Name of TRLab Director

Signature

Date

