

**Internal Use Only**

**IBC#:**

**IACUC#:**

Shared Space Form

*This form should be used by the PI who is requesting space (requestor) outside of their department. This document may be used to indicate if the space requested by the PI is already approved. The PI who is currently using the space (grantor) and the PI who is requesting the same space must both become aware of the IBC/IACUC research in the shared space. Signature on this document represents agreement between the requestor and grantor of the shared space/ equipment. This request also requires approval from the grantor’s Department Chair.*

Name of PI who is submitting the application (requestor) for IBC/IACUC:

Department: Head of the Department:

Name(s) of PI(s) who is/are responsible for the assigned space (grantor) in this request:

*If the space is assigned to two or more PIs, please indicate the name of all PIs on the above line.*

Building and room number(s) of the space requested:

Equipment(s) requested:

Title of Study:

Project Start Date: Project End Date:

**Assurances by the person submitting IBC/IACUC application: (initial below)**

Initials I am aware of all recognized safety hazards in the requested lab space. I will be responsible for training of my personnel, will inform the DRC, other faculty member(s) of additional hazards my research may cause and report any safety-related incidents that occur in the requested space to DRC and other faculty members.

Initials I understand that use of the requested research space and/or equipment is contingent upon availability as determined by Department Chair and PI who is using the space/equipment (grantor).

Initials I am aware that misuse of the equipment or research space could result in revocation of usage privileges.

Initials I understand that I am responsible for purchasing and supplying my own consumables, PPE, and/or other items required for use of the equipment/or research space.

Name Signature Date

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Printed Name of IBC/IACUC Applicant Signature Date

**PI(s) charged with oversight of lab space/equipment.** The applicant investigator (requestor) and I have met, and I grant permission authorizing the use of lab space and/or equipment.

Name Signature Date

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Printed Name of faculty member using the space (Grantor) Signature Date

Note all applicable faculty members sharing the space must sign this form. Duplicate as needed.

Name Signature Date

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Printed Name of Department Chair (Grantor) in charge of the space Signature Date