

BSL3 Reservation Request

Biology Life Sciences Building 1900 N. 13th Street, Philadelphia PA 19122

BSL3 Facility

Date:		Contact Person:	
Email:		Phone:	
Department:		Requested By:	
🗆 Biology	□ EES		
Chemistry	Math		
	\Box Physics	Have you submit to IBC for review? Yes \Box No \Box	
Other		Protocol Approval Number:	
Purpose:		Number Biosafety Cabinet to be used:	
Research Other		Usage Rate:	\$75 Per day (provisional rate thru 6/30/21) \$500 Per month (provisional rate thru 6/30/21)
required. Please contact his research group can be gran Description:			Mark Feitelson (<u>mark.feitelson@temple.edu</u>), is availability. Notice that only one person from each
Authorization			
Account Number (FOAP	AL):		
PI Signature:		Name:	
		Date:	
BSL3 Dire	ector Approval		
Director Approval Signature:		Date Reviewed:	

This form should be sent from the PI's Temple email address (no substitutes) to Prof Ananias Escalante (email: Ananias.Escalante@temple.edu). Please cc Prof Feitelson (mark.feitelson@temple.edu).

By emailing this form, the PI is agreeing: to acquire the disposable PPE, reagents, and other consumables required;

By emailing this form, the PI also states that all work will be conducted using biosafety practices described in the CDC/NIH Publication entitled *Biosafety in Microbiological and Biomedical Laboratories (BMBL).* Thus, this form does not constitute a waiver of such responsibility. The PI acknowledges that approval from the Institutional Biosafety Committee is required. The PI also agrees that unused materials cannot be returned after placed inside the BSL3 lab.