



Room Access Request

Your existing Building Access card will be updated to include access to the Flow Cytometry Laboratories (7226 MSB). Clients who come to the Facility for operator provided services (cell sorting/data acquisition/data analysis/consultation) will not be given key card access, but will be allowed entry for their appointments by an operator.

Name:		Personnel Number:	
Do you already have a building access card?	<input type="radio"/> Yes <input type="radio"/> No	UTOR ID:	
Existing Card Information:		Cell/Home Phone Number:	
Card Number:		Card Type:	<input type="radio"/> MSB <input type="radio"/> CCBR <input type="radio"/> Other (Specify): _____
After Hours Access Required (MS Perimeter):	<input type="radio"/> Yes <input type="radio"/> No	Approximate Date for Study/Work Completion (Expiry):	

Non Building Access Card Holders: An access card will be provided to you. The fee is **\$17.50** and will be charged to your FCF account. You will be notified by the Facility Manager when your card is ready.

Existing Card Holders: Prices are determine by Campus Police and subject to change. Current charges for adding additional access is **\$3.50, \$7.50** for reprogramming.

Change in Employment Status: Should your employment status change, your access card must be returned to William Hsia (Room 7207 MSB) for the decommissioning of your key.

USER AND PRINCIPLE INVESTIGATOR ACKNOWLEDGMENT:		
I understand the Faculty of Medicine Flow Cytometry Facility is a secure location and that my access card will not be shared with any others person:		
		_____ Initial
I will not allow unauthorized users into the Facility without express permission from the Facility Manager.		
		_____ Initial
_____ Facility User (Signature)	_____ Email Address	_____ Date
_____ Principle Investigator Name	_____ PI Signature	_____ Date

FACILITY AUTHORIZATION AND PAYMENT INFORMATION (ADMINISTRATION USE ONLY) :			
Room Authorization	<input type="radio"/> 7226 MSB <input type="radio"/> 7238 MSB		
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">_____ Nathalie Simard (FCF Manager)</td> <td style="width: 40%;">_____ Date</td> </tr> </table>		_____ Nathalie Simard (FCF Manager)	_____ Date
_____ Nathalie Simard (FCF Manager)	_____ Date		
Payment information	CC CFC		

Facility Contact Information:

Nathalie Simard, Flow Cytometry Facility Manager
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