Aurbach Medical Research Building
Door Access Request Form

Please print all information legibly.

Fax Number: (434) 924-5596

Last Name _____ First Name _____ MI _____

Employee's Department _____ Supervisor's Signature _____ Phone _____

Employee's Job Title _____ Protocol Number(s) _____ Fax _____

List other areas where Health System Access is Needed: _____

FRB ACCESS GROUPS

Door #	Door Description	Comp Med	Faculty & Staff	Other
G101	Rear Ground Access		X	
G107	North End Mech Generator		X	
G114	Vivarium Employee Entrance	X		
G134	Biosafety Level 2	X		
G144	Vivarium Receiving	X		
1201	Front Main Entrance	X	X	
1203	Dock Entrance	X	X	
1206	Lobby to Lab	X	X	
1214	Lobby to Admin		X	
1240	Load Dock to Lab area	X	X	

Choose Requested Access Groups:

- ☐ **Comp Med**
- ☐ **Faculty & Staff**
- ☐ **Other**

IMPORTANT: You MUST have a current UVA Health System I.D. in order to receive access privledges.

1. **Fill out information at top of form & obtain supervisor signature**
2. **Fax form to Jim Fredrick at 243-9143 for AMRB approval.**
   The form will be forwarded to Security Systems - *FOR BUILDING ACCESS ONLY*
   and then forwarded to ARMB vivarium & CCM is vivarium access if requested.
3. **If Vivarium access is requested/required form will be routed to the ARMB vivarium management.**
   Barrier training must be completed before access can be granted.
   Contact Marty White at 3-6606 to arrange barrier training.
   After barrier training is completed, ARMB vivarium management will forward this form with approval to Security Systems.

For Approval Use ONLY		
Facility Manager (Print Name)	Vivarium Supervisor (Print Name)	
Facility Manager Signature	Vivarium Supervisor Signature	
IACUC Protocol Approval Verified	Date	By:
Occupational Health Clearance Verified	Date	By: