

UCSF CLINICAL LABORATORIES at China Basin Card Access Request Form

This form is for UCSF Clinical Laboratories employees and non-UCSF Clinical Laboratories employees who require access to UCSF Clinical Laboratories' China Basin Landing facilities. **Please follow these instructions:** 1) User please complete all requested information 2) Return completed Form to Supervisor for signature 3) Supervisor to forward completed Form to CB Lab Manager for final approval 4) LIS staff to issue Access Card once request has been approved.

NEW OR EXISTING ACCESS CARD

- New Access Card
- Change Existing Access Card # _____
- Lost Access Card # _____
- Terminated Access card # _____

ACCESS AREA(S)

- Suite 290 General Access
- Suite 290 Network Room
- Suite 240 Cytogenetics
- Suite 100 Molecular Diagnostics
- Suite 100 Molecular Dx PCR Room
- Other please specify: _____

GENERAL ACCESS FOR ALL CLINICAL LAB STAFF

- Lobby 6 (2nd Flr Elevator)
- Lobby 4 Entrances

USER INFORMATION

UCSF Employee (ID# _____)

- Clin Lab Staff (3 yrs)
- Faculty (3 yrs)
- Fellow (1 yr)
- Research Associate (1 yr)
- Resident (1 yr)
- Student (1 yr)
- Other
- End Date _____

Other Affiliated (Non-UCSF Employee)

- Contractor
- Vendor
- Please specify _____

Account Deactivation Date* _____

**Required for non-UCSF employee. If no date is specified, access will be limited to 30 days.*

USER CONTACT INFORMATION

Name: _____

Title: _____

Department: _____

Section: _____

Email: _____

Phone: _____

SUPERVISOR INFORMATION

Name: _____

Phone: _____

Section: _____

SIGNATURES

I agree to protect the use of my access card. I understand that this card cannot be shared due to security reasons. If my access card is lost or stolen, I will report this as soon as possible. On my last day of employment with the Department or when I no longer need China Basin Landing access, I will surrender my access card.

User Signature: _____

Date: _____

As supervisor of the above user, I certified that this individual has completed all necessary safety and compliance training for all areas where access is being requested.

Supervisor Signature: _____

Date: _____

FOR LAB USE ONLY

Reviewed /Approved By: _____

Date: _____

BADGE ID#: _____ Issued By: _____ Activation Date: _____ Deactivation Date: _____