

## Institute for Biomedical Innovation

### Prototyping Facility User Access Request Form

This form needs to be completed by each individual who wishes to use the Prototyping Facility of the Institute for Biomedical Innovation and authorised by the user's supervisor/principal investigator at their host institution. Please email forms to [kjs64@cam.ac.uk](mailto:kjs64@cam.ac.uk). Once your form has been processed, we will invite you to an on-site induction.

#### Applicant Information

Full name:

Email address:

Access required from:

Access required until:

Supervisor/PI/Host:

Department/Company:

UCAM Student	UCAM Staff	External
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> PhD	<input type="checkbox"/> Postdoc <input type="checkbox"/> Academic <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Academic <input type="checkbox"/> Industrial*/Other

#### Project Description

Please describe the project you plan to undertake at IBI, so that we can provide informed feedback on your proposed processes and organise equipment-specific training:

#### Access Level Requested

<input type="checkbox"/> Office space <input type="checkbox"/> Non-cleanroom labs (e.g. testing, assembly, ...) <input type="checkbox"/> Cleanroom labs (e.g. component fabrication, ...)	<input type="checkbox"/> Tissue culture lab <input type="checkbox"/> Wet chemistry lab <input type="checkbox"/> Dedicated user lab (IBI approval required)
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#### Disclaimer and Signature for Authorisation

\*For industrial users only – proof of Public Liability Insurance will be required.

***I hereby acknowledge and accept any facility and laboratory charges that may be incurred by the above user.***

Supervisor/PI/Host signature: \_\_\_\_\_

Date: \_\_\_\_\_