



Instructions: Please complete this form when space is required for medical research/administrative space. Use this form for the following needs: (1) new space; (2) additional space; (3) temporary space; (4) new lease or lease renewal; or (5) renovations to new or existing space.

For Central space, please use [Form 1800 FR.01 Yale Central Space Request](#).

For Clinical space, please use [Form 1800 FR.02 Yale Medicine Clinical Space Request](#).

Please send completed forms to beth.pranger@yale.edu with the naming convention: SRF.lastname.location.submissiondate (you will receive confirmation of receipt).

Requestor Information			
Name:		Email:	
Department:		Phone #:	
Section:		Program:	

Program Status		Occupancy Type	
<input type="checkbox"/> 1. Relocation	<input type="checkbox"/> 3. New Program	<input type="checkbox"/> 1. Research	<input type="checkbox"/> 4. Other; please specify:
<input type="checkbox"/> 2. Expansion	<input type="checkbox"/> 4. Renewal	<input type="checkbox"/> 2. Administrative	_____
		<input type="checkbox"/> 3. Storage	_____

Assigned Space
If this request is for a lease renewal, please indicate below the location of the space being renewed.

Vacated Space	
Will any existing, assigned space be vacated by this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what is the proposed use of the vacated space?	

Reason for Space Request
Please provide a brief description of your general needs and activities.

Required Adjacency Relationships

Required Hours of Operation
Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

Space Requirements		
Space Types		
<input type="checkbox"/> Offices; #: _____	<input type="checkbox"/> Microscopy / lasers	<input type="checkbox"/> Other; please specify:
<input type="checkbox"/> Lab workstations; #: _____	<input type="checkbox"/> Clean room	_____
<input type="checkbox"/> Administrative workstations; #: _____	<input type="checkbox"/> Refrigerators / freezers	_____
<input type="checkbox"/> Tissue culture	<input type="checkbox"/> Access to animal resource center	

Special Utilities	
<input type="checkbox"/> Air	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Sink <input type="checkbox"/> Fume hoods <input type="checkbox"/> Special temperature / humidity; <input type="checkbox"/> Other; please specify:
<input type="checkbox"/> Vac	<input type="checkbox"/> N ₂ <input type="checkbox"/> DI <input type="checkbox"/> BSC please specify:
<input type="checkbox"/> Natural gas	<input type="checkbox"/> O ₂ <input type="checkbox"/> Ro/DI polisher <input type="checkbox"/> Snorkels _____
Hazard Information	
<input type="checkbox"/> Highest level of biosafety; please specify:	
<input type="checkbox"/> Controlled substances; please specify:	
<input type="checkbox"/> Radioactive materials; please specify:	
<input type="checkbox"/> Chemicals, gas, cryogenics, solvents; please specify:	
<input type="checkbox"/> Other; please specify:	
Human Subject Research	
Does the space need involve human subject-based research? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please describe the anticipated population:	

Preferred Space
If there is a preference for a specific space, please indicate that below.

Funding Sources / Grant Information
If leased space, please complete and attach Form 1800 FR.03A Supplement A: Yale School of Medicine Research/Administrative Space Request .

* After completion of each step below, please forward to the next individual to continue the process. *				
Approvals (Signatures)				
Step	Approver Role	Description	Signature	Date
1	Department Lead Administrator	Capture requirements from the faculty member.		
Please forward to the appropriate Department Chairperson to continue the process.				
2	Department Chairperson	Review request with the Lead Administrator and submit the space request.		
Please forward to Beth Pranger (beth.pranger@yale.edu) to continue the process.				
3	YSM Deputy Dean for Science	Initial review for scientific purposes and feasibility.		
Please forward to Joseph Schlosser and Robert Connelly (joseph.schlosser@yale.edu/robert.connelly@yale.edu) to continue the process.				
4	Facilities Planning	Find suitable space and complete a rough order of magnitude for the cost to renovate the space to suit the needs. If no Yale-owned space exists, contact the Director of Leasing for assistance.		
Please forward to Susan Cascio (susan.cascio@yale.edu) to continue the process.				
5	Director of Leasing	FOR LEASED SPACES ONLY. Locate appropriate space available for lease.		
Please forward to Jessica Caponigro (jessica.caponigro@yale.edu) to continue the process.				
6	YSM Finance Reviewer	FOR LEASED SPACES ONLY. Evaluate funding details against the request and the lease requirements.		
Please forward to YSMF-Aforms@yale.edu to continue the process.				
7	YSM Deputy Dean for Finance	FOR LEASED SPACES ONLY.		
Please forward to Anthony Koleske (anthony.koleske@yale.edu) or Brian Smith (brian.smith@yale.edu), as appropriate, to continue the process.				
8	YSM Deputy Dean for Science	Final Review.		
Please return to Beth Pranger (beth.pranger@yale.edu) to complete the process.				