

Form 1800 FR.03

Yale School of Medicine Research/Administrative Space Request

Revised 7/7/2021

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).

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		Requestor	Information			
Name:			Email:			
Department:			Phone #	t:		
Section:			Progran	1:		
	Due sure se Chahua			Occurrency Turns		
	Program Status		Occupancy Type			
☐ 1. Relocation	☐ 3. New F	-	☐ 1. Research	☐ 4. Other; please specify:		
☐ 2. Expansion	☐ 4. Renev	wai	☐ 2. Administrative ☐ 3. Storage			
			□ 3. Storage			
		Assigne	ed Space			
	If this request is for a lease			ation of the space being renewed.		
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		Wa a sta	10			
14011			d Space			
will any existing,	assigned space be vacated by		Yes □ No			
	If "Ye	es," what is the propose	ed use of the vac	ated space?		
		Reason for S	pace Request			
	Please prov	ide a brief description of	of your general ne	eeds and activities.		
		Required Adjace	ncy Relationship	S		
		Required Hou	rs of Operation			
		rtoquilou riou	io oi opoianon			
Weekends?	☐ Yes ☐ No					
		Space Red	quirements			
		Space	Types			
☐ Offices; #:		☐ Microscopy / lase	ers	☐ Other; please specify:		
☐ Lab workstation	s; #:	☐ Clean room				
☐ Administrative v	vorkstations; #:	☐ Refrigerators / fre	eezers			
☐ Tissue culture		☐ Access to anima	I resource center			

Special Utilities												
☐ Air		\square CO ₂	☐ Sink	☐ Fume hoods	☐ Special temperature	e / humidity;	\square Other; please specify:					
□ Vac		\square N_2	□ DI	□ BSC	please specify:							
□ Natu	ıral gas	□ O ₂	☐ Ro/DI polisher	☐ Snorkels								
Hazard Information												
☐ High	nest level	of biosafety;	please specify:									
☐ Controlled substances; please specify:												
□ Radioactive materials; please specify:												
☐ Chemicals, gas, cryogens, solvents; please specify:												
☐ Other; please specify:												
Human Subject Research												
Does the space need involve human subject-based research?												
If "Yes	," please	describe										
the ant	ticipated	population:										
				Р	referred Space							
			If there is a		specific space, please in	ndicate that	helow					
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16.1	•				urces / Grant Informatio							
Reques		please com	plete and attach Fo	orm 1800 FR.03A	Supplement A: Yale Sc	nooi of Mea	icine Research/Administrati	ve Space				
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	* After completion of each step below, please forward to the next individual to continue the process. *											
Approvals (Signatures)												
	ı						onance are process.					
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Step 1	Departm	oprover Role		Appr	ovals (Signatures)			Date				
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