**Request for Access – External Researcher**

**Dana-Farber Cancer Institute**

**You have been identified as an External Researcher that will utilize Dana-Farber Core Facilities. To gain access to the facility:**

* Please complete the form below;
* Attach a photo of the front and back of your current Institution ID badge;  
  ➢ Attach a recent headshot or your ID badge photo; ➢ Acknowledge the DFCI Fire Response Plan.

**Email the completed form and photos requested above to your DFCI Sponsoring Manager and DFCI General Services at General\_Services@dfci.harvard.edu. You will be notified when your access request has been approved.**

**External Researcher Information**

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| **First Name** |  |
| **Middle Initial** |  |
| **Last Name** |  |
| **Job Title** |  |
| **Department** |  |
| **Affiliation/Institution** |  |
| **Email Address** |  |
| **Cell Phone Number** |  |
| **DFCI Host/Sponsoring Department** | Flow Cytometry |
| **DFCI Host/Sponsoring Manager** | Suzan Lazo |
| **DFCI Fire Response Plan** | I have read and understand the DFCI Fire Response Plan. **Initial**: \_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **By submitting this form as the External Researcher above, you understand that you are responsible for and attest to:**   * Having read and understood the DFCI Fire Response Plan * Wearing your Institution ID badge at all times on DFCI premises     **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **By submitting this form as the DFCI Host/Sponsoring Manager above, you:**  • Approve access for the External Researcher above to DFCI Core Facilities.    **Signature**: \_\_Suzan Lazo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_July 2, 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Request for Access – External Researcher, June 2018