

Biosafety Cabinet/CO2 Incubator Usage Request Form

If you need to use Biosafety Cabinet and/or CO2 Incubator in DRC2 5015, please fill out this form and submit to the facility supervisor (mnaramura@unmc.edu). A calendar will be provided in the room to reserve biosafety cabinet.

Principal Investigator Information

Name: _____

Department/College: _____

Campus ZIP: _____

Address: _____

Phone: _____

E-mail Address: _____

User Information

Name: _____

Phone number (Please provide the number that we can actually reach you. Mobile phone number preferred.): _____

Are you able to receive text message at this number? Yes/ No

E-mail address: _____

Sample Description

Primary Cells

Species: _____

Tissue: _____

Cell Line

Name: _____

Species: _____

Biosafety concerns (e.g., HIV (+), mycoplasma (+) etc) : _____

Reference (e.g., ATCC catalog number, literature etc): _____

CO2 Incubator Usage Information

Incubator usage start date: _____

Incubator usage end date (anticipated): _____

Temperature (if not 37 °C): _____

CO2 concentration (if not 5 %): _____

Biosafety Cabinet Usage Information

How often do you anticipate to use the biosafety cabinet?: _____

How long does each session last?: _____