**Biobank facility access request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Personal Info** |  |  |  |
|  |  |  |  |  |
|  | First Name | First Name |  |
|  |  |  |  |
|  | Name | Name |  |
|  |  |  |  |
|  | Affiliation |[ ]  UZ Leuven |[ ]  KU Leuven |[ ]  Other: | Specify affiliation |  |
|  |  |  |  |
|  | Department | If UZ/KUL, Specify department  |  |
|  |  |  |  |
|  | Employee ID1  | Employee ID |  |
|  |  |  |  |
|  | UZ/KU Leuven contact or supervisor/PI | First name, Name |  |
|  |  |  |  |
|  | *1: UZ Leuven employee ID or KU Leuven U-number* |
|  |  |  |  |  |
|  | **Period** |  |
|  |  |  |  |  |
|  | From | From  |  |
|  |  |  |  |
|  | Until: | Until  |  |[ ]  Unspecified |  |
|  |  |  |  |
|  | **Room** |  |
|  |  |  |

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| --- |
|[ ]  Freezer Room (3154) |
|[ ]  Formol Storage (3155) |
|[ ]  Formol Storage FOR (3156) |
|[ ]  Cold Room LAG (3157) |
|[ ]  Cold Room CME (3158) |
|  |  |
|[ ]  Cold Room FOR (3159) |
|[ ]  Liquid Nitrogen level 2: General (3167) |
|[ ]  Liquid Nitrogen level 2: Therapeutic (3166) |
|[ ]  Liquid Nitrogen level 3 (3168) |
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**Applicants declare that they:**

* will not pass their badge on to others.
* will not use other people’s badges to obtain entry to the Biobank facility.
* will not take unauthorized persons into the Biobank facility.
* will fill out the logbook (available at the entrance) upon each entry to and departure from the Biobank facility.
* will only use the storage units appointed to and/or material belonging to their research group.
* will remove any packaging material and/or trash originating from their activities from the Biobank facility and dispose of it appropriately.
* will ensure correct closure of the facility door(s) after departure.

[continued below]

* will report any non-conformity/incident/accident (e.g. freezer alarm, doors left open, issues with infrastructure, …) immediately to the Biobank (wbb@uzleuven.be; in acute cases contact 016/346193).
* *[in case of requesting access to a cold room]* have read ‘BB-TEC006-PR: Instructions for working in a walk-in freezer’ and will follow the instructions described in this document.
* *[in case of requesting access to a liquid nitrogen storage facility]* have read ‘ACB-AL032-PR: Kwaliteit en veiligheid UZ/KU Leuven Cryotheek’, will follow the instructions described in this document, and have attended the safety training.
* understand that access will be granted only if the applicant’s unit has samples in storage in the requested room(s). If the samples are part of a study that falls within scope of the biobank law, the study in question needs to have biobank approval (<http://www.ejustice.just.fgov.be/eli/wet/2008/12/19/2008018385/justel>).
* agrees to register the sample data into the UZ/KU Leuven biobank registry according to the procedure valid at the time of registration.
* understand the sensitive nature of the data they might encounter in the Biobank facility and will therefore never disclose confidential information regarding users and/or donors to colleagues or third parties.
* understand that in case the rules above are not followed properly, entrance to the Biobank facility shall be withdrawn by the head of the Biobank.

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|  | **Signature2** |  |
|  |  |
| Applicant | UZ/KU Leuven contact or supervisor/PI |
|  |  |

*2: Name, date & signature*