Space Request Form – Complete ONLY if additional space is needed.

PRINCIPAL INVESTIGATOR _______________________________ DATE ___ / ___ / ___

PROJECT TITLE _______________________________________

DEPARTMENT, SERVICE/DIVISION __________________________

DEPARTMENT HEAD ________________________________ (SIGNATURE)

DOES DEPARTMENT HAVE OTHER SPACE REQUESTS IN COMMITTEE: ☐ YES ☐ NO

PROJECT DURATION: ___ / ___ / ___ START DATE (ALL ASSIGNMENTS WILL BE REVIEWED EVERY 5 YEARS) ___ / ___ / ___ END DATE

TYPE OF RESEARCH (PLEASE CHECK): ☐ BENCH RESEARCH ☐ CLINICAL RESEARCH ☐ EPIDEMIOLOGICAL RESEARCH ☐ EDUCATION ☐ SOCIAL RESEARCH ☐ OTHER (SPECIFY) __________

SPACE NEEDS (PROVIDE NUMBERS)

- # CLINICAL EXAM ROOMS
- # INPATIENT BEDS
- # HOURS INTERVIEW SPACE
- # SQ FT SPECIMEN STORAGE
- # SQ FT STORAGE SPACE
- # OFFICES
- # OTHER

RESEARCH REQUIREMENTS (CHECK ALL THAT APPLY)

- ACID DRAINS
- TISSUE CULTURE
- NEG. PRESSURE ROOM
- SPECIAL PLUMBING
- SPECIAL ELECTRIC
- SPECIAL HOODS
- COLD STORAGE
- OTHER (EXPLAIN BELOW)

SERVICE NEEDS

- GLASS WASH
- SPECIMEN ANALYSIS
- OTHER (EXPLAIN BELOW)

Square Foot Requirement

INDICATE YOUR PERCEIVED TOTAL SQUARE FOOTAGE NEEDS: ___ SQ FT

FOR ANY SPECIAL NEED OR SAFETY CONDITION CHECKED BELOW, EXPLAIN IN THE SPACE PROVIDED.

SPECIAL NEEDS? (CHECK APPROPRIATELY)

- EQUIPMENT ☐
- FURNITURE ☐
- PROXIMITY TO EXISTING SPACE ☐
- PROXIMITY TO NEW SPACE ☐
- RENOVATIONS ☐
- OTHER ☐

SAFETY CONSIDERATIONS?

- CHEMICALS ☐
- INFECTIOUS ☐
- RADIOACTIVITY ☐
- BIOHAZARDS ☐
- OTHER ☐