



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
