

Washington University School of Medicine
Division of Comparative Medicine
Email: DCM-FacilityAccess@email.wustl.edu
(Send as PDF attachment)
DCM Facility Access Form

Today's Date: _____

Type of Access (circle): **New access** **Transferring labs** **Additional Access** **Need New Card**

First Name: _____ Last Name: _____ Male/Female: _____

Employee ID (found on back of WUSTL ID): _____ Department: _____

Email Address: _____

Do you currently have a DCM Card? _____ Is the DCM Card Number legible? _____

DCM Card Number (1st five numbers) : _____

Animal Protocol Number(s): _____

To maintain access, cardholder must be part of the approved protocol for the PI

Principal Investigator: _____ Investigator's Signature: _____
(Please Print)

Access Requested

Building	Room #	Access Code (DCM Use Only)	Facility Supervisor's Signature/ Date

Card Holder Signature: _____

Date: _____

No entry granted into the animal facility until you have been approved for access.
You will receive an email confirmation when your request is approved.

DCM USE ONLY

Badge #: _____

Updated/Issued On: _____

INTRO : _____

BARRIER: _____

OHS: _____

LARGE ANIMAL: _____

FISH: _____

NHP: _____