MJIS 3052C Cold Room Access Request Form

Personnel Information

Name: _____ Email: _____

Role / Title: _____

Affiliated Faculty PI Laboratory: _____ Email: _____

Requested Access Type (check which applies)

☐ Research Use (RU)

☐ Quality-Plan-Governed (QP)

Detailed Description of Intended Research and/or Storage Activities

(description should be consistent with RU or QP designation; please include major relevant equipment/resources/supplies)

Anticipated Duration of Access

(specify dates, for example: mo/day/year to mo/day/year)

Requestor Signature: _____ Date: _____

PI Signature: _____ Date: _____

Approval to be granted by the Cold Room Oversight Committee or its designee.

Approver Name: _____

Signature: _____ Date: _____

Version 1; 03092026