

**APPLICATION FOR USE OF BIOSAFETY LEVEL 3 FACILITY AT AARON DIAMOND AIDS CTR**

1. Name of Investigator: \_\_\_\_\_
2. Title/ Rank: \_\_\_\_\_
3. Affiliation & Department: \_\_\_\_\_
4. Contact details:
  - a. Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
  - b. Email: \_\_\_\_\_
5. Project title:  
\_\_\_\_\_
6. Principal Investigator:  
\_\_\_\_\_
7. Is the project an extension of work from Animal Biosafety Level 3 work: YES / NO
  - a. If yes, Associated Approved Animal BSL3 protocol #: \_\_\_\_\_
  - b. Type of samples coming from ABSL3 to ADARC BSL3:
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
  - c. Anticipated date for work to start at ADARC BSL3: \_\_\_\_\_
  - d. Duration of work to be performed in ADARC BSL3: \_\_\_\_\_

**8. Is ADARC BSL3 providing the virus for your experiment: YES/ NO**

(For section 8b, non ABSL3 investigators may write the inoculum requested for cell/ tissue infections to be performed at ADARC.)

**a. Strain of the virus:**

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

**b. Initial inoculum (approved per animal):** \_\_\_\_\_

**c. Total virus requested:** \_\_\_\_\_

**d. Anticipated TCID:** \_\_\_\_\_

**9. Provide a brief description of the goal of the study.**

**10. In a few words, detail the technical aspects of the initial study to be performed at the ADARC BSL3 including the nature of experiments and timeframe with interval.**

**11. Feasibility/ Challenges if any to be noted: (specific needs/ equipment etc.**

**E.g. Anticipated amount of space in incubators for X plates/flasks, Freezer space for X boxes, etc.)**

**12. Long term outlook for the study (pertinent to usage of ADARC facility)**

**Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_**