**Request for Colebrook Lab space**

**Personal Details**

|  |  |
| --- | --- |
| **Name:** | **CID:** |
| **Contact details:** | **Supervisor if applicable:** |

**Funding**

Is this project fully funded? Y/N

Source:

**Ethics**

Ethics – is ethics approval required Y/N

If yes please provide details

**Proposed Research**

|  |
| --- |
| **Project title:** |
| **Details of project:** |

**Logistics**

|  |  |  |
| --- | --- | --- |
| **Start date** | **Completion date** | **Colebrook lab use. Full/ Part time (FT/PT). Details if PT** |
|  |  |  |

Are there additional researchers associated with this project requiring access to the lab? Y/N

If Yes please complete

|  |  |  |
| --- | --- | --- |
| **Name** | **CID** | **Colebrook Lab use. FT/PT. Details if PT.** |
|  |  |  |
|  |  |  |

**Equipment list**

|  |  |
| --- | --- |
| **Colebrook equipment to be used** | **Equipment to be brought into the lab** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Users that damage equipment may be asked to contribute to the repair/replacement of this equipment.

Please note ALL consumables are to be funded by the applicant. This includes gloves, surgical face masks and waste containment.

**Waste disposal**

Will any waste require autoclaving prior to discard? Y/N

If yes specify type and quantity – prior approval from NWLP required.

**Office space**

Is use of the Colebrook write up room required? Y/N

Please note that space is very limited and cannot be guaranteed currently due to Covid restrictions. Please discuss your requirements if office space is needed.

**Health and Safety/ training**

Prior to work commencing the following must be in place:

Bio-1 – please send to Colebrook Lab manager for review prior to submitting.

OH clearance, Day 1 induction, Laboratory induction – this will detail any further training required.

**Acknowledgements**

Any publications arising from research that has used the Colebrook Laboratory must acknowledge support from the NIHR Imperial BRC. The following wording may be used e.g., “[Insert name] acknowledges that Microbiological work/Sample collection/Sample preparation [insert type of work/analysis] was undertaken at the Colebrook Laboratory, a facility supported by the NIHR Imperial Biomedical Research Centre (BRC)”. This applies to **all** clinical academic research papers and outputs, regardless of whether they have received direct BRC funding or not.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed forms should be returned to the Laboratory Manager –** [**s.darc05@imperial.ac.uk**](mailto:s.darc05@imperial.ac.uk)

**Colebrook Lab Committee Approval**

|  |  |  |
| --- | --- | --- |
| **Approval Stage** | **Name/ Signature** | **Date** |
| **Preapproval** |  |  |
| **College** |  |  |
| **NWLP** |  |  |