**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 personnel 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** |
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|  |  |

Users that damage equipment may be asked to contribute to the associated repair/replacement costs.

Please note ALL consumables are to be funded by the applicant.

**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

There are two NHS and College PCs available in the Colebrook office. Further PCs are available in the Reynold Building if required. Please discuss your requirements if office space is needed.

**Health and Safety/ training**

Prior to work commencing the following must be in place:

Risk Assessments – please seek advice from the Colebrook Lab manager prior to submitting.

Occupational Health clearance, Day 1 induction, Laboratory induction – this will detail any further training requirements.

**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**

**Colebrook Lab Committee Approval**

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