



## SV P3 LABORATORY ACCESS REQUEST FORM

**BSL3 laboratory SV 394.32**



### APPLICANT INFORMATION

Name and first name: \_\_\_\_\_

Scipern°: \_\_\_\_\_ Affiliation (laboratory name): \_\_\_\_\_

Position/Status: \_\_\_\_\_

Head of Unit: \_\_\_\_\_

Unit BSO in charge of P3 Lab: \_\_\_\_\_

**I hereby confirm that I have received and read a copy of the Biosafety level 3 Laboratory (BSL3 or P3) work and safety guideline and that I have had opportunities to ask questions related to this document.**

**I hereby confirm that I went through the practical training for the above-mentioned P3 Laboratory and that I will strictly follow the specific work and safety rules and procedures in use.**

**The P3 and the Unit Biosafety Officers confirms that the applicant fulfills the requirement concerning the P3 laboratory and her/his CAMIPRO card should be modified to give her/him access to the above-mentioned P3 facility.**

	Name	Date	Signature
<b>Applicant</b>			
<b>BSO of Unit</b>			
<b>BSO P3<sup>1</sup></b>			
<b>Biosafety DS<sup>2</sup></b>			
<b>Visa SV<sup>3</sup></b>			

<sup>1</sup> Vivianne Padrun - BSO P3, or in her absence Dr. Eleonora Simeoni

<sup>2</sup> Eleonora Simeoni - Biosafety coordinator, or in her absence Vivianne Padrun

<sup>3</sup> Laurence Winkel - Head of infrastructures, or in her absence Dr. Eleonora Simeoni