



CTRC SPECIALIZED AREA ACCESS REQUEST

Name:

Date:

Organization / PI:

Department:

CTRC Pass #:

Kaleida Pass #:

ALL training and other requirements of the specialized area must met prior to submitting this form for approval. No access will be granted without signature of one Authorized Approver and CTRC Administration.

SPECIALIZED AREA	AUTHORIZED APPROVERS	APPROVER SIGNATURE
CLINICAL RESEARCH OFFICE/CRC	KIMBERLY BRUNTON PAMELA ANDERSON	
CLINICAL RESEARCH CENTER PHARMACY	KIMBERLY BRUNTON PAMELA ANDERSON	
CLINICAL RESEARCH CENTER DEVICE ROOM	KIMBERLY BRUNTON PAMELA ANDERSON	
CTRC ANGIO SUITE	CIPRIAN IONITA LIZA GUITTEREZ	
JACOBS INSTITUTE	COURTNEY FLICK PAMELA MARCUCCI	
LAB ANIMAL FACILITY	ELIZABETH ERTEL JAMES HOUSEKNECHT	
MRI/IMAGING CENTER	FERDINAND SCHWESER ROBERT ZIVADINOV	
BIOREPOSITORY	NORMA NOWAK DONALD YERGEAU	

CTRC ADMINISTRATIVE APPROVAL:

CTRC Research Facilities Manager or Designee Name:

Signature: _____

Email completed form to: CTRCadmin@buffalo.edu or deliver to:

CTRC Research Facilities
Manager

6045B CTRC
875 Ellicott Street
Buffalo, NY 14204

Access Granted Date: _____

By: _____