



Shared Space Form

This document may be used to indicate if the space assigned to the PI is already shared or if the PI is proposing to share an additional space. All PIs must become aware of the IBC/IACUC-approved research in shared space. Signatures on this document represent an agreement between the PI(s) responsible for the shared space and the applicant PI regarding the space or their equipment to be shared.

Name of PI who is submitting the application for IBC/IACUC: Name of submitting PI

Department: PI's department

Chair of the Department: PI's Chair

Name(s) of PI(s) who is/are responsible for the assigned space in this request: PI(s)
responsible for requested shared space

If the space is assigned to two or more PIs, please indicate the names of all PIs on the space above.

Building and room number(s) of the assigned space to be shared: Building and room number

Equipment to be shared: Equipment shared

Title of Study: Title of study

IBC or IACUC: IBC IACUC

Project Start Date: Start date Project End Date: End date

Assurances by the person submitting the IBC/IACUC application: (initial below)

Initials I am aware of all recognized safety hazards in the lab space and will be responsible for training my personnel. I will inform the Director of Research Compliance (DRC) and the faculty member(s) sharing the space of additional hazards my research may cause and report any safety-related incidents that occur in the space to DRC and the faculty member(s) sharing that space.

Initials I understand that use of the research space and/or equipment is contingent upon availability as determined by the assigned faculty who is responsible for the space/equipment.

Initials I am aware that misuse of the equipment or research space could result in revocation of user privileges.

Initials I understand that I am responsible for purchasing and supplying my own consumables, PPE, and/or other items required for use of the equipment/or research space.

Name of applicant

Printed Name of IBC/IACUC Applicant	Signature	Date
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PI(s) charged with oversight of lab space/equipment or who shares assigned space with the IBC/IACUC applicant: The investigator and I have discussed the proposed research, and I grant permission authorizing the use of the resources in question by the investigator and/or their designees.

Name of member sharing space

Printed Name of faculty member sharing the space	Signature	Date
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Name of member sharing space

Printed Name of faculty member sharing the space (if more than 1 is sharing)	Signature	Date
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Chair in charge of shared space

Printed Name of Department Chair with the space	Signature	Date
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