Animal Facility Orientation Registration Form

# Instructions:

1. After completing applicable online training courses, use one form per person and fill in all required fields completely. Please visit the [CLATR website](https://sites.uw.edu/oawrss/clatr/) for pre- requisites, course descriptions and class schedules.
2. Submit completed form to the **Center for Laboratory Animal Training Resources** at [clatr@uw.edu.](mailto:clatr@uw.edu?subject=Animal%20Facility%20Orientation%20Registration%20Form) Please allow for up to 5-7 business days for processing and registration confirmation. Late registrations and “walk-ins” cannot be accepted.  
   \*Non-UW personnel working on non-UW protocols will be subject to registration fees and need to submit a Billing Intake Form.\*
3. Email reminders with complete information (*e.g.,* meeting location) will be sent two business days prior to classes.

**NOTE:** Re-registration fees may apply for absences and late cancellations (24 hours in advance). For more information, please visit the [CLATR Forms website](https://sites.uw.edu/oawrss/clatr/forms/) and submit a [Billing Intake Form](https://sites.uw.edu/oawrss/clatr/forms/billing-intake-form/).

**Please Type-Handwritten and incomplete forms will be returned.**

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| **Personnel Information** | | |
| Name (last, first, m.i.): | Email Address: | Cell Phone #: |
| Department: | PI Name (last, first, m.i.): | IACUC Protocol #: |

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| **Facility Orientation Registrations** | | |
| Annual DCM Facility Access Training completion date: | | |
| Animal Facilities Online Course (*with/without ABSL-2*) completion date: | | |
| **Main Campus Facilities:** |  |  |
| 6th Fl ABSL-1  T-Wing  ARC & Foege ABSL-1  6th Fl ABSL-2  K-Wing  ARC & Foege ABSL-2  LSB (non-fish users) | **Employee ID / Student ID #** *(for 6th Fl, ARC, Foege, K-Wing, T-Wing, and Guthrie facilities only)*: | **PIN** *(any 4 digits that you choose)*: *(for 6th fl, Foege, & T-wing facilities only)* |
| **South Lake Union Facilities:**  Brotman ABSL-1  SLU 3.1 ABSL-1  Brotman ABSL-2  SLU 3.1 ABSL-2 | **Proxy Card #** *(for SLU facilities only)*: |  |
| **As-Needed Facilities:**   Guthrie   NLD   Roosevelt   CHDD   GNAC   ABSL-3 Other: | | |
| **FOR ALL REQUESTS - Housing room(s) you need access to**: | **OR ALL REQUESTS - Species you will be working with:** | |

\***IMPORTANT:**Please note that facility orientations are limited to a certain number of people, and that they are scheduled as available during weekday business hours.  We appreciate your flexibility with scheduling, and we will respond to your registration form with the available options.