

Northwestern University

Occupational Health Services Program IACUC Enrollment Request and Authorization

PLEASE PRINT CLEARLY

RESEARCH PERSONNEL INFORMATION

Last Name	First Name	MI	Date of Birth	Net ID	Occupation/Job Title

Home Address	City	ST	Zip Code	Home Phone	E-mail

DEPARTMENT INFORMATION

Department/Lab	PI's Name	PI's Phone	PI's Signature

Department Address	Laboratory Address	Department Administrator	Administrator Phone Number

Species you will work with:	Special requirements:

SERVICE(S) REQUESTED

<input checked="" type="checkbox"/>	Service	<input checked="" type="checkbox"/>	Service
	Health History Evaluation – contact service provider for processing of review forms		TB Screening – NHP Users Only ___ initial ___ annual

SERVICE PROVIDER (please check)

The service provider is based on the location of the laboratory you will be working in.

	Corporate Health – Chicago (833) 622-6333		Omega – Evanston (847) 657-1700

NU EMPLOYEE SIGNATURE

By signing this form, I understand that these tests are being provided to me as an employee of Northwestern University and that the results of these tests will be reported to and maintained by my employer in accordance with Federal, State and local regulations.

Signature: _____ Date: _____

Print Name: _____

IACUC AUTHORIZATION SIGNATURE

Signature: _____ Date: _____

Print Name: _____ Cufs #: _____

Institutional Animal Care and Use Committee

Form: 8/23/2022

email: acuc@northwestern.edu

telephone: 312-503-9339