**Department of Medicine Laboratory Space Request**

**Instructions**: Send completed form to W. Conrad Liles (wcliles@uw.edu) and Betsy Buswell (bbuswell@uw.edu)

**Division/Center:**

**Date of Request:**

**Anticipated Date Space Needed and Duration:**

**Principal Investigator (PI):**

**Brief Description of Research Focus:**

**Requested Laboratory Site: (**UWMC, HMC, SLU, Other)

**Lab Members/Personnel:**

Describe total number of staff, with title and Full Time Equivalent (FTE)

*Example: John Smith, Lab Tech, .5 FTE*

**Requested Size of Lab** (square feet):

# of square feet wet lab:

# of square feet dry lab :

**Biosafety/Tissue Culture Hood Needed:**

\_\_ yes \_\_ no

If yes, number needed and size:

If yes, can hood be shared with another lab?

**Chemical Hood Needed:**

\_\_ yes \_\_ no

If yes, can hood be shared with another lab?

**Vivarium Facility Needed:**

\_\_ yes \_\_ no

If yes, what species and approximate # of animals/cages?

**Major Equipment to be Placed in Lab:**

(Please include special requirements, e.g. dedicated circuits, nitrogen)

**Major Equipment Required for Research:**

**Access to Types of Core Facilities Required for Research:**

**Other Major Needs not Listed Above:**

**Current Grant Support:**

(list grant #/title, funding agency, anticipated duration of grant, direct costs and indirect rate)

**Pending Grant Applications:**

(list grant #/title, funding agency, duration of grant, direct costs, indirect rate)