

## Ahmanson-Lovelace Brain Mapping Center Access Request

|   |                      |                               |                 |
|---|----------------------|-------------------------------|-----------------|
| Please Check the Appropriate Box:<br><input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> ACCESS CHANGE <input type="checkbox"/> INFORMATION CHANGE  |                      |                               |                 |
| <b>NAME</b> (Last, First, Initial)  |                      | <b>JOB TITLE</b>              | <b>DATE</b>     |
|   |                      |                               |                 |
| <b>Campus Phone:</b>  |                      | <b>Cell Phone:</b>            |                 |
| <b>Email:</b>   |                      | <b>Employee/Student ID #:</b> |                 |
| <input type="checkbox"/> <b>UCLA Affiliated (check one):</b> <input type="checkbox"/> Employee <input type="checkbox"/> Graduate/Medical Student <input type="checkbox"/> Volunteer/SRP   |                      |                               |                 |
| <input type="checkbox"/> <b>Unaffiliated (please describe):</b>   |                      |                               |                 |
| <b>ACCESS REQUESTED</b>   |                      |                               |                 |
| <input type="checkbox"/> Building <input type="checkbox"/> PET <input type="checkbox"/> Prep Room<br><input type="checkbox"/> MRI (3T) <input type="checkbox"/> NML <input type="checkbox"/> Mock Scanner<br><input type="checkbox"/> MRI (7T) <input type="checkbox"/> Data Lab <input type="checkbox"/> Other: _____  |                      |                               |                 |
| <b>JUSTIFICATION FOR BUILDING ACCESS/BRIEF RESEARCH DESCRIPTION</b>   |                      |                               |                 |
|   |                      |                               |                 |
| <b>MENTOR/PI/SUPERVISOR APPROVAL</b>  |                      |                               |                 |
| <b>Name:</b>  |                      | <b>Email:</b>                 |                 |
|   |                      |                               |                 |
| <b>Department:</b>  |                      | <b>Campus Phone:</b>          |                 |
|   |                      |                               |                 |
| _____ I verify that this applicant is eligible to work with study participants in compliance with the University's policies.<br>(Initial here or mark N/A)  |                      |                               |                 |
| _____   |                      | _____                         |                 |
| <b>Mentor/PI/Supervisor's Signature</b>   |                      | <b>Date</b>                   |                 |
| <b>UNAUTHORIZED USE OR ACCESS:</b>  |                      |                               |                 |
| Unauthorized use of or access to the Ahmanson-Lovelace Brain Mapping Center laboratories, equipment, data collected or stored on the premises, or disclosure of medical and personal information can result in (i) University disciplinary action (up to and including termination), (ii) notification to the State and Federal Agencies, and (iii) may constitute grounds for either civil action (for restitution) or criminal prosecution. |                      |                               |                 |
| <b>I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:</b>  |                      |                               |                 |
| _____   |                      | _____                         |                 |
| <b>Applicant's Signature</b>  |                      | <b>Date</b>                   |                 |
| <b>BMC ADMINISTRATIVE USE ONLY</b>  |                      |                               |                 |
| <b>BMC APPROVAL</b>   |                      |                               |                 |
| _____   |                      | _____                         |                 |
| <b>Print Name</b>   |                      | <b>Signature</b>              |                 |
| _____   |                      | _____                         |                 |
| <b>Date</b>   |                      | <b>Date</b>                   |                 |
| <b>Template #:</b>  | <b>Completed By:</b> |                               | <b>Date:</b>    |
|   |                      |                               |                 |
| <b>Date Access Terminated:</b>  | <b>Completed By:</b> | <b>Keys Returned:</b>         | <b>To Whom:</b> |
|   |                      |                               |                 |

**APPLICANT TO ALSO SIGN THE SECOND PAGE OF THIS FORM**

**Please submit completed form to [Ludmila Budilo](#)  
ALBMC Policies**

**MRI Safety**

Used properly, the magnetic resonance imaging equipment contained within the MRI suite is quite safe; however, it poses serious risks to the unwary. Users of the suite should be completely familiar with the ALBMC safety procedures and with the procedures for protecting others from hazards. **ONLY PERSONNEL WHO HAVE SUCCESSFULLY COMPLETED THE FULL ALBMC SAFETY CERTIFICATION PROCESS ARE ALLOWED ACCESS TO THE MR SCAN ROOM, CONTROL ROOM OR EQUIPMENT ROOM.**

Research subjects may enter the MRI suite only when accompanied by an authorized ALBMC staff member or an appropriately authorized and safety certified researcher. Observers who have not been safety trained are **NOT PERMITTED** to enter the MRI suite without special prior arrangements.

**Other Labs Safety**

Training specific to the PET, TMS and EEG labs is required for access to and use of those facilities.

**Door Safety**

The building doors should never be propped open and must always remain closed when not in use. Admit only individuals who are known to you into the building. If the individual is unknown to you, please have them use the intercom for access or if it is after hours, have them contact one of the ALBMC staff listed in the Emergency Contact List to gain approval for admittance. The doors to the scanner suites should never be left open. The scanner room should also be kept closed when the rooms are not in use.

**Lobby Policy**

The lobby is a short-term waiting area for subjects prior to scanning. It is not to be used as a lounge and there is to be no eating, drinking, sleeping or loud noise. Any family members of subjects, including children, must wait elsewhere if they are disruptive. It is your responsibility to inform your subjects of this information and to ensure these directions are followed.

**Dress Code**

All ALBMC faculty, staff and researchers should adhere to the UCLA dress code policy to maintain a professional appearance while working with human subjects in the Center. Please review the [UCLA guidelines for dress code](#) details. In addition, all researchers who are working in biohazard approved areas which include, PET scanner room (115A), Radiochemistry lab (117), Prisma control room (121), Prisma scanner room (121A) and the 7T lab (139), must also comply with [proper biohazard attire](#) at all times. When working in such areas you must wear closed toe shoes and clothing that completely covers your legs. Lab coats are also highly recommended, but not required at this time.

**Data Lab**

All personnel who are granted access to the MRI suite automatically receive access to the Data Lab. Access may be granted to other individuals whose use of the facility is integral to an ALBMC sanctioned research project. All access to the ALBMC network and computers is terminated and accounts are deleted at the same time that building and labs access is terminated unless other arrangements are made beforehand.

**Access Status**

It is the responsibility of all users to inform [Ludmila Budilo](#) when a change in the user's status occurs such as a change in laboratory or PI affiliation.

**Acknowledgments**

All publications resulting from work done at the ALBMC must acknowledge those entities that have helped fund the Center. These can be found at [http://www.bmap.ucla.edu/docs/BMC\\_Acknowledgments%20ICBM.pdf](http://www.bmap.ucla.edu/docs/BMC_Acknowledgments%20ICBM.pdf)

**I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date