

## SBS Animal Holding Core (AHC) Access Card Application

Applicant's Name: \_\_\_\_\_  
(Block Letter in English)

Theme: \_\_\_\_\_ (SBS PI/ Associate)\*

Staff / Student\* ID.: \_\_\_\_\_

Applicant's Post: \_\_\_\_\_

(Name of SBS PI: \_\_\_\_\_ or/ and  
non-SBS PI): \_\_\_\_\_)

Tel: \_\_\_\_\_ (Office/ Lab) \_\_\_\_\_ (Mobile)

CU Email: \_\_\_\_\_ other Email: \_\_\_\_\_

Request holding \*: Yes/ No

Species of animal: \_\_\_\_\_

Animal licence(s) record:

No.	Reference no.	Issue date	Expiry date
1			
2			

**I have been fully informed about my obligations for working in AHC (Please "√"):**

- Rules for entering AHC**
- Received Induction training.**
- I have AEEC approval for the procedures I will do.**
- Enclosed a copy of my Department of Health Animal Experimentation License**
- OR**
- A copy of form 1 from AEEC # \_\_\_\_\_ detailing a tissue collection protocol only.**

**Please Note:**

Your entry rights will be set to expire on the same date as your Department of Health Animal Experimentation License or within 2 years of your application whichever is sooner.

Applicant's signature: \_\_\_\_\_

Approval signature by PI: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Delete whichever is inapplicable*

<b>For Office Use Only</b>									
<b>Issued by:</b>									
AHC	730 Rec.	Main	729 Mice1	728 Proc	727 Mice2	726 IVC	725 RDL	724 Rat/H	715 Aqu
Beh5 723	Beh1 722	Beh2 721	Beh4 720	Beh3 719	717 MinS	718a Surg	718 Rec	731 Prep	716 store