

DIVISION LAB SERVICES | REQUEST FOR SHORT-TERM FREEZER SPACE

Lab hours of operation: Monday-Friday 8am-5pm by reservation only

<u>SERVICE OVERVIEW:</u> Temporary freezer storage space [up to 30 days by reservation] on a first-come, first-served basis. This service is available to department PIs who need interim -80C freezer storage space during our regular business hours. This service does not replace a formal back-up plan for your lab. Our freezer has 24/7 digital temperature monitoring and notifications. Back-up power is available for this unit, however no guarantee is made if the freezer itself malfunctions.

Freezer Model: ULT FZ TSX600 115V/60HZ PM

Freezer Monitoring System: Smart-Vue Wireless Monitoring Solution

Lab: BSL II currently housing samples from HIV, Hep B, Hep C, and COVID + patients Exclusions: No Radioactive samples, infectious agents/biological toxins permitted

How to request services:

- 1. Please complete this form and send to divisionlabservices@ucmail.uc.edu
- 2. Confirm the following:

You have an approved and operational freezer back-up plan on file with ARS prior to requesting this service.

You understand that although every reasonable effort will be made to maintain your samples during the transfer and storage, Lab Services is not ultimately responsible for their integrity.

You have added our freezer room [MSB 6155] to your IBC protocol.

You are not storing any non-permitted items in the freezer from the list above.

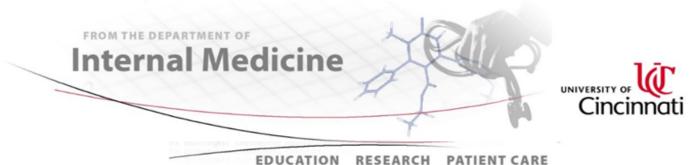
You will not have 24/7 access to your samples and must notify us if/when you need to access them.

3. Once reviewed, we will contact you to schedule a time to transfer your items to our freezer for temporary storage.

QUESTIONS: For general questions about the form or process please contact Anissa Moussa, 513-558-4287 or divisionlabservices@ucmail.uc.edu.

CONTACT INFORMATION (person completing this form):

Name:



Information about request: Include space needed, start and end dates, and any additional relevant information.

Start Date: End Date:

STOP HERE below is for DOIM Lab Services use only

Principle Investigator Signature:

Date:

DoIM Lab Services USE ONLY

Start Date:

Date:

Date:

Comment(s), Questions, and/or Request(s) for Additional Information:

I certify that this form is final; any changes needed/items requested have been reviewed and addressed. The DOIM Lab Services Team will follow-up to communicate timelines for work and anticipated approval.

DOIM Lab Services Team Member Signature:		
	Date	