

TORONTO MEDICAL DISCOVERY TOWER
Facilities Management & Operations
Access Card & Key Request Form

Black & McDonald

Please select one of the following:

- HSC UHN
 Other (specify): _____

Complete the form for each individual and submit to UHN Lab Operations -TMDT, Rm 5-201. For more inquiries, please contact at 416-581-7816.

CARDHOLDER INFORMATION

Employee Number: _____ Date: _____

Surname: _____ First Name: _____ Email Address: _____

Department/ Lab Name: _____ Telephone Number: _____

Status: Permanent Staff Temporary Staff Student Expiry Date (if applicable): _____

Please note: If no expiry date has been provided for Temporary Staff or Student, the access card will be deactivated after 3 months from the issue date.

Note: _____

ACCESS CARD REQUEST

New Access Card Additional Access on Existing Access Card: Existing Card ID #: _____

Replacement of Lost Access Card Replacement of Damaged Access Card

FLOOR ACCESS REQUIRED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

MBRC/ TMDT LINK TGH/ MaRS FOOD COURT LINK

Special Request: _____

KEY REQUEST

New Key(s) Replacement Key(s) Other (please specify): _____

Room(s) Request: _____ Reason: _____

Key Code (Completed by Lab Operations): _____

SECURITY USE ONLY

Issue: Proximity Card Number: _____ Key(s) number: _____

AUTHORIZATION

PRINCIPAL INVESTIGATOR	Print Name:	Lab Location:	Signature:
AUTHORIZATION <input type="checkbox"/> ARC <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Other: _____	Print Name:	Phone Number:	Signature:
AUTHORIZATION (Completed by Lab Operations)	Print Name:	Phone Number:	Signature:

ACCESS CARD RECEIPT CONFIRMATION (To be completed upon issuance/ return of Access Card/ Keys)

Name of Recipient:	Signature:	<input type="checkbox"/> Receipt <input type="checkbox"/> Return: _____ Date: _____
Name of Issuer:	Signature:	Department: _____ Date: _____