Harvard Center for Biological Imaging

16 Divinity Avenue, Cambridge, MA 02138

Project Registration Form

User Information

Name (First & Last)	
Title (PI, post-doc, grad student, undergrad, staff)	
Institution/Department	
Bldg/Room	
Phone & Fax	
Email	
Last Four Digits of HUID*	

*If after hours access is needed

Principal Investigator Information

Name (First & Last)	
Institution/Department	
Bldg/Room	
Phone & Fax	
Email	

Project Information

Project title and general project description:

Please list all organisms that will be used.

Please list all biological, chemical, or radioactive hazards you will bring to the facility.

Is any material classified as BL2 or higher? If yes, indicate biological agents and their biosafety level.
