

AMREP AS Pty Ltd (PAC) Induction and Access to EthicsAppOrder Request Form

Institute / Organization	Institute / Organization Inducted
<input type="checkbox"/> Baker Heart and Diabetes Institute	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Monash University	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Burnet Institute	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____	
Date of Request:	
Title: <i>(Mr., Miss., Ms., Mrs., Dr., Prof., etc.)</i>	
First Name:	
Surname:	
Position:	
Department:	
Assigned Cost Centre:	
Direct Phone No.:	
Mobile Phone No.:	
Work Email:	
Preferred Password for EthicsAppOrd: <i>(must be between 5-10 characters)</i>	
Reason for Access to AMREP Animal Services:	<input type="checkbox"/> ¹ Investigator member of AEC approved project <input type="checkbox"/> ² Administrative member of AEC approved project <input type="checkbox"/> ³ Visitor / External personnel named on delegated project / Contractor
What area/s is access is required:	<input type="checkbox"/> PAC Experimental Area <input type="checkbox"/> Level 7 <i>(specialized area)*</i> <input type="checkbox"/> MICU <i>(Monash Intensive Care Unit, specialized area)*</i> <i>*Specialized areas require an additional Induction</i>
Laboratory Head Name:	
Laboratory Head Signature:	
OFFICE USE ONLY:	Order Number:
ATHOS User No.:	
Induction Pack for PAC provided:	Yes / No Date
Date set for PAC Induction:	
Time of Induction:	

Please complete and email AMREP AS (PAC) Administration and Data Manager