

The Ohio State University Medical Center
Dorothy M. Davis Heart and Lung Research Institute

Shared Space Request

Please complete the following information and obtain the signatures noted below. For detailed information about DHLRI shared space policies, we encourage the applicant to review the **“DHLRI Shared Space Allocation Policy.”** This request will be presented to the DHLRI Shared Equipment Subcommittee for review and then a recommendation will be made to the DHLRI Director’s Executive Cabinet for final approval. You will receive written confirmation of this request, once it has been approved.

| | |
|------------------------------|--|
| Person Initiating Request | |
| Date | |
| Person who will occupy space | |
| Title | |
| Department | |
| Phone # | |
| Fax # | |
| E-mail address | |

Current Laboratory Space

To request shared space, please complete the following: Note, for proposals that will share equipment space between a number of labs, fill out table below for each P.I. sharing the facility (additional forms attached).

| Current Laboratory Space | |
|---|------------|
| Current room # and square footage | |
| # of full time employees w/in space | |
| Relevant Equip. (e.g. freezers) in current lab space | |
| Date space is needed and expected duration | |
| Shared Space Requested | |
| Shared space requested (room # and sq. ft.) | |
| Equipment to be placed in shared space | |
| Grant Information (Required for both office and lab requests) | |
| List all sponsored projects and grant information to be conducted in requested space (list title, sponsor, direct costs/year, project duration) | Project #1 |
| | Project #2 |
| | Project #3 |
| | Project #4 |

Description of Research Plans

In the space provided below, or on a separate sheet, please provide a brief justification for the requested shared space. Include details such as period of time space is needed, serves needs of multiple investigators and accommodates needs of new, junior-level faculty or faculty in transition. Review the current “**DHLRI Shared Space Allocation Policy**” for clarity on appropriate use of space. Please also include a statement proposing a long term solution to your current space limitation.

Note: No space assignment is permanent. Vacated shared space will revert to the “central pool” within DHLRI for reassignment.

Curriculum Vitae

Please attach a current copy of your CV.

Signature, Investigator

Signature, DHLRI Shared Equipment Subcommittee Chair

Signature, On-site Reviewer (if applicable)

Recommendation of DHLRI Shared Equipment Subcommittee:

APPROVE

DENY

Comments:

Signature, DHLRI Director

Additional Principal Investigators who wish to share this space.

Name:

Laboratory Location:

Current Laboratory Space of Co.I.

| | |
|--|--|
| Current room # and square footage | |
| # of full time employees w/in space | |
| Relevant Equip. (e.g. freezers) in current lab space | |

Grant Information (Required for both office and lab requests)

| | |
|---|------------|
| List all sponsored projects and grant information to be conducted in requested space (list title, sponsor, direct costs/year, project duration) | Project #1 |
| | Project #2 |
| | Project #3 |
| | Project #4 |

Briefly describe your specific needs for this shared space: _____

Name:

Laboratory Location:

Current Laboratory Space of Co.I.

| | |
|--|--|
| Current room # and square footage | |
| # of full time employees w/in space | |
| Relevant Equip. (e.g. freezers) in current lab space | |

Grant Information (Required for both office and lab requests)

| | |
|---|------------|
| List all sponsored projects and grant information to be conducted in requested space (list title, sponsor, direct costs/year, project duration) | Project #1 |
| | Project #2 |
| | Project #3 |
| | Project #4 |

Briefly describe your specific needs for this shared space: _____

Add additional Pages as needed.

Submit this form to the DHLRI Administrative Director (110H DHLRI, 473 W. 12th Ave.) For further information, call 247-7098.