

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

Space Request

Please complete the following information and obtain the signatures noted below. For detailed information about DHLRI space policies, we encourage the applicant to review the “DHLRI Space Allocation Policy.” This request will be presented to the DHLRI Space Committee for review and then 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 | |

Space (Office and Laboratory)

To request office and laboratory space, please complete the following:

| | |
|---|------------|
| Office Space | |
| Preferred floor/location | |
| Special requirements | |
| Office being vacated (Room #/Bldg) | |
| Date space is needed | |
| Laboratory Space | |
| Desired square footage | |
| Special laboratory requirements | |
| Lab being vacated (Room #/Bldg) | |
| Date space is needed | |
| 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 description of your research plans for the requested space. Please also outline how your research relates to the stated mission of the DHLRI as outlined in our space policy.

Note: Review of requests for additional space may include an on-site evaluation by members of the Space Committee, or other appropriate individuals, who will evaluate the utilization of current space.

Curriculum Vitae

Please attach a current copy of your CV.

Signature, Investigator

Signature, Home Department Chair

Signature, On-site Reviewer (if applicable)

Recommendation of DHLRI Space Committee:

APPROVE

DENY

Comments:

Signature, DHLRI Director

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

08/31/06