

DIVISION LAB SERVICES | REQUEST FOR SHORT-TERM FREEZER SPACE

Lab hours of operation: Monday-Friday 8am-5pm by reservation only

SERVICE OVERVIEW: Temporary freezer storage space [up to 30 days by reservation] on a first-come, first-served basis. This service is available to department PIs who need interim -80C freezer storage space during our regular business hours. This service does not replace a formal back-up plan for your lab. Our freezer has 24/7 digital temperature monitoring and notifications. Back-up power is available for this unit, however no guarantee is made if the freezer itself malfunctions.

Freezer Model: ULT FZ TSX600 115V/60HZ PM

Freezer Monitoring System: Smart-View Wireless Monitoring Solution

Lab: BSL II currently housing samples from HIV, Hep B, Hep C, and COVID + patients

Exclusions: No Radioactive samples, infectious agents/biological toxins permitted

How to request services:

1. Please complete this form and send to divisionlabservices@ucmail.uc.edu
2. Confirm the following:
 - You have an approved and operational freezer back-up plan prior to requesting this service.
 - You understand that although every reasonable effort will be made to maintain your samples during the transfer and storage, Division Lab Services is not ultimately responsible for their integrity.
 - You are not storing any non-permitted items in the freezer (from exclusions list above)
 - You will not have 24/7 access to your samples and must notify us if/when you need to access them.
3. Once reviewed, we will contact you to schedule a time to transfer your items to our freezer for temporary storage.

QUESTIONS: For general questions about the form or process please contact our lab at divisionlabservices@ucmail.uc.edu or 513-558-4287

CONTACT INFORMATION (person completing this form):

Name:

Email:

Contact Number:

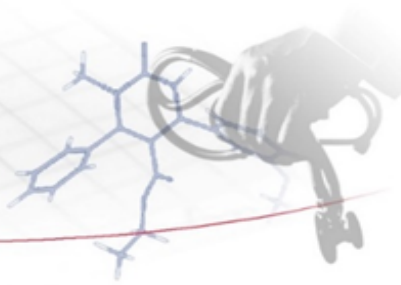
Primary Lab Location:

PRINCIPAL INVESTIGATOR INFORMATION:

Name:

Email:

FROM THE DEPARTMENT OF
Internal Medicine



EDUCATION RESEARCH PATIENT CARE

Information about request: Include space needed, start and end dates, and any additional relevant information.

Start Date:

End Date:

STOP HERE *below is for DOIM Lab Services use only* _____

Principle Investigator Signature:

Date: _____

DOIM Lab Services USE ONLY

☐ Yes ☐ No

Is the Intake Form Complete? Are all documents that are necessary for the submission included?
Is there any additional information needed or to be communicated?

Comment(s), Questions, and/or Request(s) for Additional Information:

I certify that this form is final; any changes needed/items requested have been reviewed and addressed. The DOIM Lab Services Team will follow-up to communicate timelines for work and anticipated approval.

DOIM Lab Services Team Member Signature:

Date _____