



## Form 1800 FR.03

## Yale School of Medicine Research/Administrative Space Request

Revised 9/27/2021

**Instructions:** Please complete this form when space is required for medical research/administrative space. Use this form for the following needs: (1) new space; (2) additional space; (3) temporary space; (4) new lease or lease renewal; or (5) renovations to new or existing space.

For Central space, please use [Form 1800 FR.01 Yale Central Space Request](#).

For Clinical space, please use [Form 1800 FR.02 Yale Medicine Clinical Space Request](#).

Please send completed forms to [danielle.brooks@yale.edu](mailto:danielle.brooks@yale.edu) with the naming convention: SRF.lastname.location.submissiondate (you will receive confirmation of receipt).

Requestor Information			
Name:		Email:	
Department:		Phone #:	
Section:		Program:	

Program Status		Occupancy Type for Requested Space	
<input type="checkbox"/> 1. Relocation*	<input type="checkbox"/> 3. New Program	<input type="checkbox"/> 1. Research	<input type="checkbox"/> 3. Storage <input type="checkbox"/> 4. Other; please specify:
<input type="checkbox"/> 2. Expansion*	<input type="checkbox"/> 4. Renewal	<input type="checkbox"/> 2. Administrative	_____
*If "Relocation" or "Expansion" are selected above, please indicate the Department currently assigned to the requested space and the current use of the requested space:	Department:		
	<input type="checkbox"/> 1. Research <input type="checkbox"/> 3. Storage <input type="checkbox"/> 5. Other; please specify:		
	<input type="checkbox"/> 2. Administrative <input type="checkbox"/> 4. Clinical	_____	

Assigned Space
If this request is for a lease renewal, please indicate below the location of the space being renewed.

Vacated Space	
Will any existing, assigned space be vacated by this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what is the proposed use of the vacated space?	

Reason for Space Request
Please provide a brief description of your general needs and activities.

Required Adjacency Relationships

Required Hours of Operation
Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

Space Requirements	
Space Types	
<input type="checkbox"/> Offices; #: _____	<input type="checkbox"/> Microscopy / lasers <input type="checkbox"/> Other; please specify:
<input type="checkbox"/> Lab workstations; #: _____	<input type="checkbox"/> Clean room
<input type="checkbox"/> Administrative workstations; #: _____	<input type="checkbox"/> Refrigerators / freezers _____
<input type="checkbox"/> Tissue culture	<input type="checkbox"/> Access to animal resource center

Special Utilities				
<input type="checkbox"/> Air	<input type="checkbox"/> CO <sub>2</sub>	<input type="checkbox"/> Sink	<input type="checkbox"/> Fume hoods	<input type="checkbox"/> Special temperature / humidity; please specify: _____
<input type="checkbox"/> Vac	<input type="checkbox"/> N <sub>2</sub>	<input type="checkbox"/> DI	<input type="checkbox"/> BSC	<input type="checkbox"/> Other; please specify: _____
<input type="checkbox"/> Natural gas	<input type="checkbox"/> O <sub>2</sub>	<input type="checkbox"/> Ro/DI polisher	<input type="checkbox"/> Snorkels	_____
Hazard Information				
<input type="checkbox"/> Highest level of biosafety; please specify: _____				
<input type="checkbox"/> Controlled substances; please specify: _____				
<input type="checkbox"/> Radioactive materials; please specify: _____				
<input type="checkbox"/> Chemicals, gas, cryogenics, solvents; please specify: _____				
<input type="checkbox"/> Other; please specify: _____				
Human Subject Research				
Does the space need involve human subject-based research?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please describe the anticipated population:				

Preferred Space
If there is a preference for a specific space, please indicate that below.

Funding Sources / Grant Information
If leased space, please complete and attach <a href="#">Form 1800 FR.03A Supplement A: Yale School of Medicine Research/Administrative Space Request</a> .

* After completion of each step below, please forward to the next individual to continue the process. *				
Approvals (Signatures)				
Step	Approver Role	Description	Signature	Date
1	Department Lead Administrator	Capture requirements from the faculty member.		
Please forward to the appropriate Department Chairperson to continue the process.				
2	Department Chairperson	Review request with the Lead Administrator and submit the space request.		
Please forward to Danielle Brooks ( <a href="mailto:danielle.brooks@yale.edu">danielle.brooks@yale.edu</a> ) to continue the process.				
3	YSM Deputy Dean for Research	Initial review for scientific purposes and feasibility.		
Please forward to Joseph Schlosser and Robert Connelly ( <a href="mailto:joseph.schlosser@yale.edu">joseph.schlosser@yale.edu</a> / <a href="mailto:robert.connelly@yale.edu">robert.connelly@yale.edu</a> ) to continue the process.				
4	Facilities Planning	Find suitable space and complete a rough order of magnitude for the cost to renovate the space to suit the needs. If no Yale-owned space exists, contact the Director of Leasing for assistance.		
Please forward to Susan Cascio ( <a href="mailto:susan.cascio@yale.edu">susan.cascio@yale.edu</a> ) to continue the process.				
5	Director of Leasing	FOR LEASED SPACES ONLY. Locate appropriate space available for lease.		
Please forward to Jessica Caponigro ( <a href="mailto:jessica.caponigro@yale.edu">jessica.caponigro@yale.edu</a> ) to continue the process.				
6	YSM Finance Reviewer	FOR LEASED SPACES ONLY. Evaluate funding details against the request and the lease requirements.		
Please forward to <a href="mailto:YSMF-Aforms@yale.edu">YSMF-Aforms@yale.edu</a> to continue the process.				
7	YSM Deputy Dean for Finance and Administration	FOR LEASED SPACES ONLY.		
Please forward to Anthony Koleske ( <a href="mailto:anthony.koleske@yale.edu">anthony.koleske@yale.edu</a> ) or Brian Smith ( <a href="mailto:brian.smith@yale.edu">brian.smith@yale.edu</a> ), as appropriate, to continue the process.				
8	YSM Deputy Dean for Research	Final Review.		
Please return to Danielle Brooks ( <a href="mailto:danielle.brooks@yale.edu">danielle.brooks@yale.edu</a> ) to complete the process.				