

## Fridge/Freezer Space Request Form

Please fill in the form completely, save a copy and submit to [xin.zhao@utoronto.ca](mailto:xin.zhao@utoronto.ca).

User fees will apply starting January 1, 2023

Walk-in 5°C Cold Room (CR) and Walk-in -20°C Freezer Room (FZR): \$ 2/shelf or table/month

Ultralow-Freezer (UFZ): \$1/rack/month

<b>Principal Investigator</b>	Name Email Department	Lab Room Number			
<b>Account</b>	CC	Fund			
<b>Space Information</b>					
	<b>Start/ Renewal Date</b> (YYYY-MM-DD)	<b>End Date</b> (max. 12 months)	<b>CR/ FZR/ UFZ ID</b>	<b>Needed Space</b> # CR shelves or table benches, # FZR shelves, or # UFZ racks	<b>Material Information</b>
1					Specify:
	<input type="checkbox"/> I can share the unit with other researchers if needed.			Biosafety Level:	
2					Specify:
	<input type="checkbox"/> I can share the unit with other researchers if needed.			Biosafety Level:	
3					Specify:
	<input type="checkbox"/> I can share the unit with other researchers if needed.			Biosafety Level:	
<b>Facility Alarms</b>	Send to: <input type="checkbox"/> Appointed contacts <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Do not send alarms				
<b>Appointed Contacts Upon Emergency</b>	<b>First Contact</b> Name Email Mobile			<b>Second Contact</b> Name Email Mobile	
<b>Date of Submission</b>					