

VCHRI Photo ID, Card Access and Key Request Form

NEW Photo ID Card Request for VCHRI Research Space

1. Complete the **VCHRI Photo ID, Card Access and Key Request Form** in full.
2. Please ask your space supervisor for photo guidelines. Photos which don't meet the requirements will not be accepted.
3. **Forward the photo and form to your dept/Centre coordinator who will check for completeness and approve, they will then Email the completed form and jpg photo to the VCHRI Administration office (research@vch.ca) stating in the subject line "Photo ID Request – insert the person's name here". Forms received directly from staff/students will not be processed.**
4. If the form is completed, signed by an authorized signatory and the picture is attached VCHRI will process your photo ID card. Incomplete applications will be put on hold and processed only once all information has been received. (Due to volume, follow up on missing items is the responsibility of the end user/dept/centre.)
5. VCHRI admin will notify you by email (please make sure it is legible) when your card is ready to be picked up at our office.

Broken Photo ID Cards – Card Returned

Complete the **VCHRI Photo ID, Card Access and Key Request Form** in full, signed by an authorized signatory, selecting the **Broken, card returned** option. Bring the completed paperwork and broken card to the VCHRI administration office. If your card is returned there will be no fee to process your submission for a new photo ID card.

Broken Photo ID Cards – Card NOT Returned

A fee of \$20.00 must be paid before a replacement card will be issued. Payment can be made at the VGH cashier's office in the Blackmore Pavilion (receipt will be issued) or payment via credit card at 604-930-5442 (reference number will be given to you). Then complete the **VCHRI Photo ID, Card Access and Key Request Form** in full, signed by an authorized signatory, selecting the **Broken, card not returned** option. Email the completed form along with a copy of your paid receipt to the VCHRI Administration office, stating "Photo ID Request" in the subject line to research@vch.ca

Lost Photo ID Cards

URGENT: Please contact the VCHRI administration office immediately at research@vch.ca or 604-875-4372 to deactivate your lost card. A fee of \$20.00 must be paid before a lost card will be replaced. Please follow the payment instructions for "Broken Photo ID – Card NOT Returned" above. Then complete the **VCHRI Photo ID, Card Access and Key Request Form** in full, signed by an authorized signatory, selecting the **Lost Photo ID Card** option. Email the completed form along with a copy of your paid receipt or credit card reference number to the VCHRI Administration office, stating "Photo ID Request" in the subject line to research@vch.ca

Stolen Photo ID Cards

URGENT: Please contact the VCHRI administration office immediately at research@vch.ca or 604-875-4372 to deactivate your lost card. There is no charge for replacing stolen photo ID cards **if you are able to provide a police file number.**

Adding Access to Existing Photo ID Card

Complete this form, have it signed by an authorized signatory, select **Adding Access to Existing Photo ID**, photocopy of the front and back of your photo ID card and submit to VCHRI (research@vch.ca)

Removing Specific Access to an Active Photo ID Card

Your supervisor must contact VCHRI to remove specific access from your card, ie room with special access / training that has expired, etc.

Key Access to VCHRI Research Space

If you have already obtained your photo ID card and are requesting keys only, complete our form, have it signed by an authorized signatory and indicate the room numbers and building you require access to (located near the bottom just above the signature line), including a photocopy of the front and back of your photo ID card, and submit to VCHRI (research@vch.ca)

Process When Leaving Organization (resignation, appointment ending, etc)

Your photo ID card and keys are the property of VCH and **MUST** be returned to your supervisor prior to your departure. Your supervisor **MUST** return the card and keys to VCHRI to ensure all access is removed. Cards not returned will incur a \$20.00 fee charged to your department.

Medical Animal Facility (MAF) Access to Your Card

A separate form is required for access to the JBRC Medical Animal Facility (MAF). Please contact Stephanie Smith (stephanie.smith5@vch.ca) or Kate Orchard (kate.orchard@vch.ca). For PDC please contact Peter Cheng / Victor Chan (pdc.info@ubc.ca).

Access to Non-VCHRI Research Space

VCHRI does not process access for non-research space (ie, Gordon & Leslie Diamond Health Care Centre). Contact your department supervisor if access is required.

If you have any questions pertaining to this form please contact VCHRI at research@vch.ca.

DISCLAIMER: Please be advised all individuals provided with VCHRI access will be added to the following e-distribution lists where applicable: VCHRI building list, VCHRI newsletters, VCHRI trainee list.

VCHRI Photo ID, Card Access & Key Request Form

Date: _____ Photo ID Badge #: _____

Select one of the following:

- NEW Photo ID Card
 Ordering Keys
 Adding Access to Existing Photo ID
 Removing Specific Access
 Lost Card
 Stolen – Police file #: _____
 Broken, card returned
 Broken, card not returned

Legal Last Name (as per Gov't ID)		Legal First Name (as per Gov't ID)	Preferred First Name on photo ID
Work Telephone Number		Work E-mail (mandatory):	
Start Date		End Date	
Which Principle Investigator's (PI) Lab do you work for		Lab Name and Room Number	
Primary Location of Lab (e.g. JBRC, RHNH, RP, Blusson)		Research Job Title (ie. What position do you hold?)	
Category (please select one) VCH Employee <input type="checkbox"/> Doctor (medical) <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor	External Organization, ie, UBC, SFU, UVic, etc <input type="checkbox"/> Doctor (medical) <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor	Are you a UBC Faculty member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select from the following: <input type="checkbox"/> Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Other: _____	
Are you a Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete the following section:		Note: A Trainee is • a current student (Masters, PhD, postdoctoral fellow); and • Is supervised by a VCHRI researcher/ affiliate researcher at a VCH site	
Degree Sought		Anticipated Final Year	
Supervisor's Name		Supervisor's Email	

IF KEYS ARE REQUIRED, list "key code" (if known) or room numbers required:

Keys for Jack Bell Research Centre (JBRC):	Keys for Research Pavilion (RP):
Keys for Robert H.N. Ho Research Centre (RHNH):	

Center or Dept. Approval: (print name and sign)	VCHRI Authorized Signatory: (for VCHRI office use only)
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BLUSSON SPINAL CORD CENTRE	
<input type="checkbox"/> AI Hub <input type="checkbox"/> ICORD – <i>contact Katie or Zack – requires separate form</i> <input type="checkbox"/> Digital Emergency Medicine – <i>Lisa Jones or Michael Lim</i> <input type="checkbox"/> SPINE – <i>Allan Aludino</i> <input type="checkbox"/> Praxis – <i>Allan Aludino AND Karen Donaldson</i> <input type="checkbox"/> VCHRI IT Server Room G1125 – <i>Karen Donaldson</i>	
CENTRE FOR BRAIN HEALTH	
<input type="checkbox"/> DMCBH – <i>Melanie Bertrand</i>	
EYE CARE CENTRE – Arlene Vanderhoeven	
<input type="checkbox"/> Ophthalmology Labs – North <input type="checkbox"/> Ophthalmology Labs – South <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Research Students & Volunteers	
GF STRONG REHAB CENTRE (GFS)	
<input type="checkbox"/> GF Strong Front Door – <i>Dr. Janice Eng</i>	
JACK BELL RESEARCH CENTRE (JBRC)	
<input type="checkbox"/> Chemical Waste Storage – <i>Susan Moore or Karen Donaldson</i> <input type="checkbox"/> Door 031 – Lentivirus Lab – <i>Susan Moore</i> Expiry Date _____ <input type="checkbox"/> Door 191-2 – Loading dock to JBRC <input type="checkbox"/> Door 310 – OvCaRe Student Room – <i>Kuldeep Randawa</i> <input type="checkbox"/> Door 316 – Therapeutics Lab – <i>Susan Moore</i> <input type="checkbox"/> Door 405 – IIRC Student Room – <i>Dilraj Kaur Longowal</i> <input type="checkbox"/> Door 417 – Pathology Equip Rm – <i>C. Chow / K. Randawa</i> <input type="checkbox"/> Door 512 – Virus Lab – <i>Susan Moore</i> Expiry Date _____ <input type="checkbox"/> Perimeter – AP Molecular Diagnostics - Office– <i>C. Chow</i> <input type="checkbox"/> Perimeter – AP Molecular Diagnostics - Staff– <i>C. Chow</i> <input type="checkbox"/> Perimeter – GPEC – <i>Kuldeep Randawa</i> <input type="checkbox"/> Perimeter – IIRC – <i>Dilraj Kaur Longowal</i> <input type="checkbox"/> Perimeter – MAF – <i>Stephanie Smith or Kate Orchard</i> <input type="checkbox"/> Perimeter – MAF External – <i>Stephanie Smith or Kate Orchard</i> <input type="checkbox"/> Perimeter – OvCaRe – <i>Kuldeep Randawa</i> <input type="checkbox"/> Perimeter – Prostate – <i>Wendy Cao</i> <input type="checkbox"/> Prostate – 4 th Floor Stairwell & Elevator – <i>Wendy Cao</i> <input type="checkbox"/> Prostate – 5 th Floor & Front Entrance – <i>Wendy Cao</i> <input type="checkbox"/> 4 th Floor – OvCaRe/Huntsman Lab – <i>Kuldeep Randawa</i>	
PRECLINICAL DISCOVERY CENTRE (PDC)	
<input type="checkbox"/> MAF – <i>Peter Cheng or Victor Chan</i>	
RESEARCH PAVILION (RP) – keys for CHHM see Key Tree	
<input type="checkbox"/> Door 292-1 – COIL – <i>Myeong Jin Ju</i> <input type="checkbox"/> Door 500 – Biomedical Innovation Hub – <i>Karen Donaldson</i> <input type="checkbox"/> Door 560 – Biomedical Innovation Hub – <i>Karen Donaldson</i> <input type="checkbox"/> Door 668 – Biomedical Innovation Hub – Workshop (KD) <input type="checkbox"/> Door 300 – Shared Lab / Fume Hood Space (KD) <input type="checkbox"/> Front, interior, mail room, loading dock & tunnel entrance	
ROBERT HO (RHNH) / VCH RESEARCH INSTITUTE	
<input type="checkbox"/> VGH JBRC RHNHo – VCHRI Admin – <i>Karen Donaldson</i>	

ROBERT H.N. HO RESEARCH CENTRE (RHNH)	
AGING SMART – Amanda Main	
<input type="checkbox"/> IDLD – RHMH CHHM – All Doors <input type="checkbox"/> IDEL – Perimeter (lobby), elevators & stairs 4-7 <input type="checkbox"/> IDX – RHNH CHHM – Common Access <input type="checkbox"/> IDLDA – RHNH CHHM – All labs sub master <input type="checkbox"/> IDLDAA – RHNH CHHM – All equipment rooms <input type="checkbox"/> ID481 – microCT <input type="checkbox"/> ID576 – Biodex <input type="checkbox"/> ID577 – XtremeCT <input type="checkbox"/> ID580 – DXA <input type="checkbox"/> ID582 – pQCT <input type="checkbox"/> IDLDA1 – RHNH CHHM – All exam rooms <input type="checkbox"/> ID567 – Exam room <input type="checkbox"/> ID583 – Exam room <input type="checkbox"/> ID592 – Exam room <input type="checkbox"/> IDLDA6 – RHNH CHHM – All Interview Consult rooms <input type="checkbox"/> ID568 – Interview consult <input type="checkbox"/> ID569 – Interview consult <input type="checkbox"/> ID584 – Interview consult <input type="checkbox"/> IDXLDA4 – RHNH CHHM – CTMU & Bioeng <input type="checkbox"/> IDLDA2 – RHNH CHHM – Exercise Suite <input type="checkbox"/> ID473 – RHNH CHHM – File Storage (473-1 & 473-2) <input type="checkbox"/> IDLDA3 – RHNH CHHM SME / Bone Health <input type="checkbox"/> ID573 – RHNH CHHM – Work Station <input type="checkbox"/> ID595 – RHNH CHHM – Work Station <input type="checkbox"/> ID4 – RHNH CHHM – Front door, elevator & stairs to 4 th floor <input type="checkbox"/> ID5 – RHNH CHHM – Front door, elevator & stairs to 5 th floor <input type="checkbox"/> ID6 – RHNH CHHM – Front door, elevator & stairs to 6 th floor <input type="checkbox"/> ID7 – RHNH CHHM – Front door, elevator & stairs to 7 th floor	
BLACKMORE PAVILION	
<input type="checkbox"/> LJBP-G.53 – MRI Entrance <input type="checkbox"/> LJBP-G.MRI	
VANCOUVER PROSTATE CENTRE – Wendy Cao	
<input type="checkbox"/> 1 st floor <input type="checkbox"/> Affiliated Access to 2 nd floor <input type="checkbox"/> All staff <input type="checkbox"/> 6 th floor access <input type="checkbox"/> Imaging Microscopy 199 & 10 th Avenue – <i>Susan Moore</i> <input type="checkbox"/> Perimeter Only <input type="checkbox"/> Tissue Bank 195 – <i>Susan Moore</i>	
GPEC/OVCARE – Kuldeep Randhawa	
<input type="checkbox"/> OvCare Grouping	
LEGACY – Phalgun Joshi	
<input type="checkbox"/> Legacy 6 th Floor <input type="checkbox"/> Legacy – 7 th Floor – <i>Phalgun Joshi</i>	

VCHRI OFFICE USE ONLY:	Date Completed	Initial		Date Completed	Initial
<input type="checkbox"/> Photo Received			<input type="checkbox"/> VCHRI access database		
<input type="checkbox"/> Lenel card access granted			<input type="checkbox"/> VCHRI react	Categories	
<input type="checkbox"/> Keys ordered			<input type="checkbox"/> VCHRI Trainee database		
<input type="checkbox"/> Outlook e-mail building lists			<input type="checkbox"/> Excel Temp spreadsheet		