

## Application for Project-related Use of ABI Facilities, Space and Instrumentation by ASU Investigator

In an effort to enhance the impact of ABI and to facilitate ASU research in the areas mandated by the ABI legislative act, ABI has retained “flex labs” that provide shared laboratory space to facilitate funded project-specific research and access to specialized instrumentation/expertise within ABI. ASU investigators interested in utilizing research facilities within ABI must provide the following information. This information will be reviewed by the ABI Use Committee as to the project’s consistency with ABI mandates, the importance of ABI facilities in meeting project goals, project timelines and availability of space to fulfill project needs, likelihood of project to advance ABI and ASU goals, and potential impact on existing research and goals of ABI. The Committee may request additional information or require that the PI and/or key partners meet with the Committee prior to providing a decision. There may be fees, indirect costs, or specific agreements required for certain arrangements within ABI. The Committee’s decision to grant or deny an application is final.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Applicant Affiliation: \_\_\_\_\_ ABI Partner (if any): \_\_\_\_\_

Project Title: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

Funding source: \_\_\_\_\_

Amount of space requested to support project (e.g., square foot or amount of dedicated bench space):

Laboratory: \_\_\_\_\_ Office: \_\_\_\_\_

Special requirements: \_\_\_\_\_

Will space require any modifications? \_\_\_\_\_

Major ABI facilities, equipment or instruments needed:

ABI has developed general and specialized multi-user facilities and instrumentation to support research within ABI and ASU. Please indicate those “clusters” that would be utilized in support of this project and anticipated level of use. Additional clarification may be requested to ensure that the project is compatible with existing applications and commitments.

	Daily	Weekly	Occasionally	Never
<b>General lab/office support</b> (dishwashers, autoclaves; RO water, centrifuges, fax/copy machines)				
<b>Plant propagation</b> (transformation facilities, incubators, environmental chambers, head house, greenhouse)				
<b>Mammalian cell culture and animal care facilities</b> (rodents)				
<b>Molecular biology and immunology</b> (PCR, gel doc, spec, plate readers, etc.)				
<b>Microscopy</b> (indicate type below)				
<b>Microbiology</b>				
<b>Analytcs</b> (HPLC, MS, GC etc, indicate type below)				
<b>Radioisotopes</b>				

What major ABI instrumentation is required for the project? (Use continuation page if needed):

_____	_____	_____
_____	_____	_____
_____	_____	_____

As part of this project, will major additional equipment be housed within ABI? Will there be space, installation, maintenance, security or liability issues associated with this equipment? Will other ABI researchers have access to this instrumentation? Please explain.

Provide a project abstract (may be attached) and answer the questions below:

1. How will ABI, ASU and/or the community/public benefit from the completion of this project?
2. How does this project fit with ABI mandated research areas? (see table below)

<b><u>ABI Mandated Research Areas</u></b>
1. Agricultural research with medical implications
2. Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields
3. Tobacco-related research that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas
4. Nutrition and other research that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions
5. Other areas including economic development and entrepreneurial activities which are related to primary ABI-supported programs

3. How will ABI facilities or instrumentation contribute to the project? How many employees and/or students will be involved in the project and accessing ABI?
4. Does the project present safety or containment issues that require additional review, oversight, isolation or disposal (importation of transgenics; recombinant DNA research; toxins, infectious agents, radioisotopes; mammalian animals; human samples)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe. Have appropriate permits and approvals been attained? Please attach copies of these documents.
5. Will project involve delivery of samples (environmental, biological, etc) to ABI and if so, what types of materials will be delivered?

6. Does this project involve a corporate partner or researchers from another institution? \_\_\_\_\_  
If yes, please provide contact information and answer the following questions and give a brief explanation:

Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

- a. Will these collaborators want to access ABI facilities and instrumentation directly (i.e., working on site)? Outside entities using ASU and ABI facilities must have appropriate liability, employee accident, and other appropriate insurance while utilizing ASU facilities. Is the outside organization ready to provide this insurance coverage? Please provide evidence of this insurance coverage.
- b. Have all necessary non-disclosure agreements, intellectual property agreements, memoranda of understanding, and conflict of interest/commitment forms been executed? Please attach copies of these documents.

7. What are your plans to continue this research beyond the current project?

8. Do you anticipate requesting further use of ABI space or facilities beyond the timeline of this project?

9. Please provide any supporting documentation with this application (e.g., grant proposal, proposal abstract, agreements, description of corporate partners, etc)?

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Head (Chair/Dean) Name: \_\_\_\_\_

Unit Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_