**CHTP Research Resumption**

**Laboratory information**

|  |  |
| --- | --- |
| Name of Principal Investigator:  |   |
| Faculty:  |   |
| Department:  |  |
| Name of CHTP User: |  |
| Email:  |    |
| Cell phone number:  |   |
| Equipment required: |  |

*\*Cell phone info will be retained & may be shared with UBC for contact tracing purposes (if needed)*

Do you have Faculty Approval for on-campus research? Yes [ ]  No [ ]

Is this COVID-19 related research? Yes [ ]  No [ ]

Are you a Grad student or Post Doc completing by Sept.1, 2020 Yes [ ]  No [ ]

**COVID-19 Screening Information**

In the past 14 days:

|  |  |
| --- | --- |
| Have you been in close-contact with someone who has tested positive for COVID-19 in the past 14 days?  |  Yes [ ]  No [ ]  |
| Are you currently under an isolation order? |  Yes [ ]  No [ ]  |
| Are you or a close-contact waiting on results of a COVID-19 test? |  Yes [ ]  No [ ]  |
| Have you travelled outside of Canada within the past 14 days? |  Yes [ ]  No [ ]  |
| Have you had any symptoms of COVID-19 in the past 14 days?Fever, Chills, Dry cough, Shortness of breath, Sore throat/Difficulty swallowing, Stuffy or runny nose, Loss of smell, Headache, Muscle aches, Fatigue, Loss of appetite  |  Yes [ ]  No [ ]  |

*\*If you answer yes to any of these questions, you will not be permitted to access the CHTP for 14 days*