**SCHEDULING FORM**

The Centre for High-Throughput Phenogenomics

EQUIPMENT REQUESTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES REQUESTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the shifts that you would like to work in the CHTP and start times. Please reduce the number of trips per week if possible and only come on dates that you have approval for on-campus work. Samples may be dropped off for operator-assisted work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning shift |  |  |  |  |  |
| Afternoon shift |  |  |  |  |  |

I understand that I will not have access to technical support during my session

 Yes [ ]  No [ ]

Prior to arriving, I will self-screen for COVID-19 symptoms given on the Research Resumption request, and will not enter the CHTP if I answer yes to any of the questions

 Yes [ ]  No [ ]

CONTACT INFORMATION:

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| --- |
| User name: |
| PI’s name: |
| Email: |
| Mobile phone: |