**APPLY FORM FOR ACCESS RIGHTS TO 5TH FLOOR bldg. 3215 AND Cesium/radiation room**

**Email form to** [**g.noppert@umcg.nl**](mailto:g.noppert@umcg.nl)

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Personnel number RUG/UMCG |  |
| Department |  |
| Institute | O UMCG/RUG  O Other (please fill in next 2 items) |
| Name of Institute/company (if other than UMCG/RUG) |  |
| Adress if other than UMCG/RUG |  |
| Telephone number |  |
| Email |  |
| Supervisor |  |
| Project number/account |  |
| **Will you need access to the radiation room as well** | **O YES**  **O NO** |
| **Will you need to access the radiation room after 19.00 (Mon – Fri) and during the weekend (Fri 19.00 – Mon 07.00).** | **O No**  **O Yes. R** |