**Banner Research Badge Request for UA Research Personnel**

*To be submitted by the Research Manager/Supervisor. Please use names as they are listed in the* *UA Phonebook:* [Phonebook | UA Directory (arizona.edu)](https://phonebook.arizona.edu/). *After completion, submit this form to Banner Research via email at* [*BannerResearchBadgeRequest@bannerhealth.com*](mailto:BannerResearchBadgeRequest@bannerhealth.com)*. \*\*\*Please submit a separate submission for each research staff member requiring a new badge and/or badge changes. \*\*\**

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| --- | --- |
| **Type of Badge Request** *(check all that apply)* | New Badge  Badge Reactivation\*ǂ  Change to Existing Badge\* (i.e. badge access level, other edits) |
| **Name of Personnel Needing Badge and/or Change to Badge\*** |  |
| Tucson Phoenix **Assigned Department** |  |
| **\*For change(s) to existing badge and/or badge reactivation, include 6-Digit Badge Number from back of badge or attach picture of back of badge** |  |
| **Personnel’s Research Role** |  |
| **Research Manager/Supervisor Submitting Request:** |  |
| **Research Manager Contact Information (email and phone number):** |  |
| **Protocol # and associated IRB# of IRB-approved Study:** |  |
| **Name of Study PI** |  |

**REQUESTED BADGE ACCESS**

ǂ ☐ **Check box for badge reactivation without any other changes (do not complete below section).**

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| **Banner Facility Personnel Will be Accessing** *(Select all that apply)* | BUMC-Tucson  BUMC-Phoenix  BUMC-South  BUMG Satellite Clinics \_\_\_\_\_\_\_\_\_\_\_\_\_\_  UA Cancer Center (Bldg. 1)  BUMC-North Clinics (Bldg. 2)  Other *Specify Banner Facility:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Patient Care Area(s) Personnel Will be Accessing** *(Provide additional specifics such as Name of Clinic, Bldg #, floor unit, Hall or Room #, and/or attach picture of barcode on door, entrance to hallway, etc.)* |  |
| **Brief Rationale for Accessing Area(s):** |  |