

# APPLY FORM FOR ACCESS RIGHTS TO 5<sup>TH</sup> 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	<input type="radio"/> UMCG/RUG <input type="radio"/> 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	
<b>Will you need access to the radiation room as well</b>	<input type="radio"/> YES <input type="radio"/> NO
<b>Will you need to access the radiation room after 19.00 (Mon – Fri) and during the weekend (Fri 19.00 – Mon 07.00).</b>	<input type="radio"/> No <input type="radio"/> Yes. R

