



Request access card CAF

E-Mail to: <a href="mailto:admin.eac@unibe.ch">admin.eac@unibe.ch</a>
Additional to the request please

Study director/ Head of resear	rch group		
name, title			user-no.
dept./institute			telephone
TV-Bew-Nr.	valid until:		LTK 2
e-mail			
Date	signature SD		
Researcher			
name, title			Date
dept./institut			telephone
e-mail			LTK 1
TV-Bew-Nr			LTK 2
Access needed to			
Trainings			
training animal breeding – set app	pointment: caf.eac@unibe.ch	date and sign TP	
training processes – set appointm	ent: kevin.weber-wilk@unibe.ch	date and sign KW	
training Pyrat – set appointment:	kevin.weber-wilk@unibe.ch	date and sign KW	
Agreement			
<ul> <li>□ Regulations for Badge</li> <li>□ SOP Euthanasia CAF</li> <li>□ SOP BSL-2- CAF (only form the second of t</li></ul>	or researcher working in BSL-2) Agreement CAF nese requirements / the CAF int		lations may result in the denial of
Signature owner access card Date			