

## BioMed Faculty Search Documentation

The goal of this form is to collect information about space, animal use and special equipment needs, as a way to organize meetings with applicable departments at the time of the second interview. This information will also help the Department and Division understand the special needs of a candidate to ensure adequate support and space can be provided, resulting in a successful on-boarding.

<b>Animals</b> Check if n/a <input type="checkbox"/>	
Use of animals?	<input type="checkbox"/> yes <input type="checkbox"/> no, if no animals, skip to facilities
If yes, species _____	Vendor <input type="checkbox"/> or wild caught <input type="checkbox"/>
Numbers of Animals: _____	Note if: individual <input type="checkbox"/> or cage/pen/tank numbers <input type="checkbox"/>
Are any animals being transferred from another institution?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, Institution name: _____
Special species requirements (i.e. light cycles, noise/vibration concerns):	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what: _____
Surgery requirements:	Surgery/procedure space needs: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what kind: _____  Imaging needs: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what kind: _____
Hazard use:	Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Radioactivity <input type="checkbox"/>
Unique IACUC needs (i.e. collaborations, field studies)	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Facilities</b> Check if n/a <input type="checkbox"/>	
Specific lab needs?	Tissue culture <input type="checkbox"/> yes <input type="checkbox"/> no  Dry computational <input type="checkbox"/> yes <input type="checkbox"/> no  Wet bench space <input type="checkbox"/> yes <input type="checkbox"/> no
Estimated size of space needed	Number of workstations: _____
Estimated number of people expected in lab, if applicable	_____ Check if n/a <input type="checkbox"/>
<b>Equipment</b> Check if n/a <input type="checkbox"/>	
Specialty equipment needs?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what: _____
Transferring equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what: _____
Specialty IT needs?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what: _____

For candidates that will be invited for a second interview, please schedule meetings at the second interview with the following people based on the above answers:

**Animal Care:** [Lara\\_Helwig@brown.edu](mailto:Lara_Helwig@brown.edu) if candidate is an animal user

**Facilities:** [Adam\\_McGovern@brown.edu](mailto:Adam_McGovern@brown.edu)

**Specialty Equipment:** [Pamela\\_Swiatek@brown.edu](mailto:Pamela_Swiatek@brown.edu) if candidate has specialty equipment

Chair or Department Manager signature \_\_\_\_\_

Date: \_\_\_\_\_