

**Research Laboratory Notebook Request Form**  
Research Administration – Research Operations

REQUESTOR: \_\_\_\_\_  
(print name)

DEPARTMENT: \_\_\_\_\_

*I have read the Policy regarding Research Laboratory Notebooks and will abide by the requirements of the Policy.*

REQUESTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ Number Requested: \_\_\_\_\_

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PRINCIPAL INVESTIGATOR: \_\_\_\_\_  
(print name)

I certify that the above named individual is a member of my department conducting research within Children’s Hospital Boston and has been provided the Policy on Research Laboratory Notebooks and is authorized to receive on an as needed basis Laboratory Notebooks for use within my department.

PI SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**For Research Operations Use Only**

Serial number(s) of Notebooks issued: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_