



March 20, 2020

Critical Research Laboratory Activities Inventory

This form asks research laboratory directors (e.g., faculty members) to provide information needed for the maintenance of critical functions of those laboratories involved in **critical** research. Critical research is defined as projects, if paused, that would be impossible to restart, would not be able to restart without delay of many months or years, would include substantial financial costs to restart (in excess of \$100,000), or are related to research on COVID-19.

Critical functions include liquid nitrogen tank filling; maintenance of other equipment that requires gas or cryogen monitoring/service, including deep-storage freezers, electron microscopes, mass spectrometers and incubators; activities which ensure continued viability of critical samples; animal care, including invertebrates and vertebrates; and maintenance of shared computational equipment.

If access to university facilities and research laboratories is restricted, we need to identify essential research personnel who are needed to maintain functions laboratories deem critical. These individuals will need to be notified of their status. Please list individuals who have the ability to travel to campus without relying upon public transportation or taxi service.

Please complete the information requested below and return copies to your department chair and dean by March 23.

| | | | |
|-----------------------------------|--|-------------|--|
| Principal Investigator: | | Email: | |
| Cell Phone: | | Home Phone: | |
| | | | |
| Lab Manager or Alternate Contact: | | Email: | |
| Cell Phone: | | Home Phone: | |
| | | | |
| Department and College: | | | |
| Department Contact: | | | |

Critical Personnel – Required to Check Email & Phone Multiple Times Each Day

| Essential Person | Alternate Email/Pager | Mobile Phone | Building | Floor/ Room # | Contact for Animal Use | Critical Function |
|------------------|-----------------------|--------------|----------|------------------|--|-------------------|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



| | | | | | |
|--|--|--|--|--|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Rare/Precious Resources, Reagents, & Assets

Please list any assets (e.g., longitudinal tissue collection, rare cell line, irreplaceable reagents, etc.) and indicate whether it will be managed by laboratory personnel and/or whether your team may require assistance from the institution (e.g., stored without backup power source)

| Resource/Asset | Building | Floor/Room # | Support | If lab, essential personnel responsible (from list above) | If assistance, what support is needed |
|----------------|----------|--------------|---|---|---------------------------------------|
| | | | <input type="checkbox"/> Laboratory <input type="checkbox"/> Need Assistance | | |
| | | | <input type="checkbox"/> Laboratory <input type="checkbox"/> Need Assistance | | |
| | | | <input type="checkbox"/> Laboratory <input type="checkbox"/> Need Assistance | | |
| | | | <input type="checkbox"/> Laboratory <input type="checkbox"/> Need Assistance | | |

List any personal protective equipment you have in inventory in your laboratory that may be useful if needed by University medical professionals.

| Item | Quantity |
|------|----------|
| | |
| | |



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