



BOSTON MEDICAL CENTER RESEARCH  
**Critical On-Campus Research  
Continuity Request Form | COVID-19**

PIs seeking to continue substantially reduced on-campus research during this time are required to fill out this form, describing the nature of ongoing essential research, and identifying key personnel required to support it.

PIs should also provide information about what activities are critical to maintaining the capabilities of the lab if it is necessary to cease in-person, in-the-laboratory work.

This form should be filled out and a copy sent to both their Department Chair and Research Operations ([BMCRResearch.Operations@bmc.org](mailto:BMCRResearch.Operations@bmc.org)) by 5:00 pm Wednesday, March 25th.

We understand that the long-term viability of many research programs during this period will require management of essential animal lines, equipment, liquid nitrogen stocks, and certain long-term experiments. To meet these needs, we request that each laboratory (or neighboring group of laboratories) identify 1-2 key personnel who will be responsible for this essential ongoing maintenance. Laboratories with large numbers of animals are allowed to name as many as 3-4 key personnel. When selecting key personnel, consider those whose commute does not depend on public transportation.

When determining the appropriate size of your lab's "skeleton crew," please also consider any equipment that might require gas or cryogen monitoring/service, such as deep-storage freezers, electron microscopes, mass spectrometers, and incubators.

Please submit questions to Research Operations:[BMCRResearch.Operations@bmc.org](mailto:BMCRResearch.Operations@bmc.org)

\* Required

Email Address \*

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PI Name \*

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Laboratory/Research Group name \*

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Department/Section \*

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Building/Floor \*

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Research Administrator Contact (name and title) \*

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Alternate Study Team Contact (email) \*

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**Ongoing research:** Please describe the nature of the "critical research" in your lab that requires on-campus personnel. Who is required on campus, at what frequency/duration? (1200 characters or less) \*

**Impact of cessation of in-person, in-the-laboratory work:** What would the impact be to the research if personnel are unable to come to campus? (1200 characters or less). \*

**Ongoing research:** Please describe requirements for daily or regular monitoring by research personnel. If animal care is involved, please indicate. Please indicate frequency of monitoring required, if more than or less than once per day (1200 characters or less). \*

**Impact of cessation of in-person, in-the laboratory work:** What would the impact be if regular, in-person monitoring had to be cut back or ceased? (1200 characters or less). \*

Please list (by name, role, and BMC Employee ID) any essential personnel in your lab who require building access. \*

What steps will you put in place to ensure social distancing, regular cleaning to ensure safety of research personnel? (1200 characters or less) \*

Please list special concerns your Section Chief should be aware of. (1200 characters or less) \*