

FACULTY OF MEDICINE

Biological Resources Research Staff Data base

RESEARCHER NAME: _____

School/Dept/Affiliation: _____

Location: _____

Email: _____

**Research area of
interest:** _____

Animals used: _____

I agree to have my name included on a Faculty Database (email only), that will keep me informed on current and new initiatives in research within the Faculty of Medicine. The database will only be used within the Faculty and access will be restricted.

Signed: _____

Date:

Print name: _____

**Return completed form to Christine Riordan
Email: c.riordan@unsw.edu.au Fax: 9385 2866**
