

**Email address**

mzhao3@nd.edu

**1. What is your name (First, Last)?**

Min Zhao

**2. What is your cell phone number (include area code)?**

(281) 943-4876

**3. Which College, School, or Organization is your primary affiliation?**

**4. Which specific laboratory, studio, or core facility are you affiliated with?**

HCRI Tissue Bank Facility

**Request to Reopen**

**1. Indicate the rationale for reopening your laboratory, studio, or core facility (i.e., indicate why your research requires physical access to campus facilities) and source(s) of funding.**

The Tissue Bank Facility provides the service including tissue processing; embedding paraffin; sectioning with a microtome and cryostat; slides scanning with Digital Pathology System. Most of the research laboratories need to use the core equipment to run the histology experiments.

**2. Provide a plan for how physical distancing will be implemented in your laboratory, and will be brought from the studio, core facility, office, and team spaces. Address the six-foot interpersonal spacing home so that and nominal occupancy requirements for Phases 2 and 3 as they relate to all activities to be undertaken (e.g., microscopes, tissue cultures, small control rooms, etc.). Indicate how your interaction with others will manage working hours and/or shifts. For core facilities, also indicate how you will and will not need to manage user access to maintain appropriate physical distancing.**

1. Following the University of Notre Dame guidelines of 1 person per 300 sq ft, Tissue Bank Facility's room occupancy is 3 people, including staff. Meanwhile, all users will use the google calendar to book the equipment time to keep good shifts. Based on the calendar recorded, once the room occupancy is beyond 3 people, the facility staff will inform you to reserve another time.
2. The break between each same Tissue Bank equipment session should be at least 15 min in order to avoid close contact with the previous person.

**3. All requests must include a schedule such that Building Managers and other support services know which research personnel should be in the building/research space at any given time.**

**Please complete the draft schedule in Appendix D, which can be downloaded here,**

**[https://research.nd.edu/assets/388931/fullsize/appendix\\_d\\_lab\\_ramp\\_up\\_schedule\\_f01.xlsx](https://research.nd.edu/assets/388931/fullsize/appendix_d_lab_ramp_up_schedule_f01.xlsx), and upload part of your response with your lab/core facility name saved as the file name. The**

**schedule should cover a two-week interval. While this schedule serves as an initial planning tool, faculty are encouraged to utilize their preferred scheduling means (e.g. Google Sheets, Calendars, etc.) moving forward:**

[https://drive.google.com/open?id=1L0U57D\\_\\_481G4BHqZGUi9E7CkYYh9gbZ](https://drive.google.com/open?id=1L0U57D__481G4BHqZGUi9E7CkYYh9gbZ)

**4. What is your plan for logging researchers' arrival and departure within laboratory/studio/core facility spaces and their self-assessment of their health?**

1. All users will be requested to submit a sign-in and sign-out form (<https://bit.ly/3gTFWfA>) for tracking each lab person daily access to Harper and Tissue Bank Core Facility.
2. We also have guidelines to inform researchers do not access the facility for a minimum of 14 days if they have been in high risk areas or had contact with confirmed COVID-19 patients, also do not access the facility if they are COVID-19 positive or otherwise sick - even if you are only experiencing mild, cold-like symptoms.
3. If they have questions regarding COVID-19, they can call the Notre Dame Hotline: 574-631-5900, <https://coronavirus.nd.edu/>

**5. How will your personnel maintain physical distancing for breaks, lunches, etc.?**

We will select the different time to take a break to avoid close contact.

**6. Describe your procedures to clean and sanitize shared items, equipment, and work surfaces prior to use by others (see Hygiene Plan as a minimum example:**

[https://research.nd.edu/assets/388928/fullsize/appendix\\_h\\_example\\_hygiene\\_plan\\_f01.pdf](https://research.nd.edu/assets/388928/fullsize/appendix_h_example_hygiene_plan_f01.pdf))

We are following instrument specific disinfection procedures at the end of each session. Disinfecting solutions (following CDC guidance): ethanol (70% min) with a contact time of 3 minutes should be used and wipe down the surfaces of countertops and computer/keyboard equipment.

**7. Do you require a specific core facility to be opened in order to reopen your lab?**

No.

**8. If yes, identify the research core facility (ies) or other support services that are essential for lab reopening. The full list of core facilities can be found here:**

<https://research.nd.edu/our-research/facilities-and-resources>

**8. If you selected a core facility (ies) in the previous question, please fill out the following form:**

**Safety and Research Team**

**1. The lab/studio/core facility reopening plan will be presented to Risk Management and Safety to ensure the reopening is feasible and safe given the reduced status of**

**University operations. Therefore, please address any safety measures or changes that need to be adopted to allow for a reduced density in the laboratory, studio, or core facility. Please specifically detail plans for disinfecting, including what will be used, the concentration and contact time. Provide information about general safety resulting from the plan (e.g. how will you deal with working alone, etc.)**

#### **RULES UPON ENTRY**

1. Wear a mask (user provided) at all times.
2. Gloves (facility provided) are required when entering the facility until departure. A waste container will be provided at the facility exits for disposing gloves.
3. A lab coat (user provided) is required at all times while in the facility areas.
4. Personnel will wash hands immediately upon entering into the Tissue Bank Facility space.
5. Minimize bringing any personal belongings into the research space. Only bring with you what is essential to your research.
6. Please follow instrument specific disinfection procedure at the end of your session. Disinfecting solutions (following CDC guidance): ethanol (70% min) with a contact time of 3 minutes should be used and has been provided to wipe down the surfaces of countertops and computer/keyboard equipment.
7. A user cannot stay in the room after the reserved time is expired.

**2. Please review your previous ramp-down plan. In the event of a return to Phase 1 (hibernation), are there any changes necessary? Please list those changes here.**

No changes.

**3. Which building are you located in?**

Harper Hall

**4. Identify your research personnel (or core personnel for the core facilities), including yourself, below. Include their names, status (For example, faculty, staff, postdoc, graduate student), emails, and cell phone numbers) Note that in Phase 2, all graduate students and postdoctoral scholars on the list will be asked through an independent method to sign an opt-in form before they will be allowed to participate.**

Dr. Sharon Stack ; faculty; Sharon.Stack.11@nd.edu; 574.631.4100  
Min Zhao; staff; mzhao3@nd.edu; 574.631.2562

**4. Is there anything else we should be aware of?**

N/A

**5. If you selected a core facility(ies), please complete the core facility request form, which can be found in Appendix C here:**

[https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7\\_AOtI6QcX1L\\_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7_AOtI6QcX1L_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform)

**6. What room number(s) is your lab/studio/core facility located in?**

A214

**7. Do you require a specific core facility to be opened in order to reopen your lab?**

No.

**Owner (Self-ID by College/School or NDR)**

Melanie DeFord, NDR

**Initial Owner Review: Approve/Deny (If denied, mark why).**

Approve

**3. Which College, School, or Organization is your primary affiliation?**

Notre Dame Research

**Grad School (Include name trainee names were sent to and date/time email was sent)**

N/A

**Send to RMS (Include name of reviewer request was sent to, date/time email was sent, and their Approval/Denial)**

EK 6/3, Approved 6/4

**If approved, send to VPR (include date/time)**

BB, 6/4

**VPR Approve/Deny**

BB, 6/5

**Assigned Reopen Date and Building Manager Notified (include date/time of notification)**

6/5, Reopen 6/8