

CONTACT: Mary Hamer, SOM Core Facilities Manager
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INSTRUCTIONS:

1. Principal Investigator (PI), please read carefully, fill out, and sign form
2. Obtain users signature on form
3. Following submission of this form, user will be instructed on current reservation practices of designated equipment and areas of approved access.
4. After approval of laboratory authorization, new lab members may be added or removed from this agreement.

AGREEMENT:

1. Facilities and equipment must be left in the same condition, as they were found. If equipment is damaged or dirty at the time of arrival, please inform the Facilities Manager via email as soon as possible.
2. PI is responsible for making sure that experiment has current IBC, AUP, BUA, EH&S, and/or other required approvals.
3. PI assumes responsibility for repair and replacement of damaged equipment by lab members.
4. All users are required to read and sign the *Facilities/ Equipment Usage Agreement* and are responsible for compliance with this agreement.
5. *Facilities/ Equipment Usage Agreement*: PI agreement and authorization remains in place unless otherwise notified. The PI is responsible for informing the Facilities Manager of any changes in personnel or address for receipt of invoices of billable services rendered.

BILLING:

Services rendered will be reviewed and charged via a recharge to provided FAU information on a monthly basis. PIs will receive monthly statements from the core regarding usage by laboratory personnel.

EQUIPMENT USE:

What facility/equipment are you requesting to use?

- Multiphoton Core Webber Histology Core SOM Dark Room SOM Cell Sorter Core NanoString

INTERNAL USE ONLY:

Date Received: _____ Reviewed by: _____

Notes:

Does the project involve the use of:

- | | | |
|--|------------------------------|-----------------------------|
| Materials covered by BUA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radioactive material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radiation producing equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potentially infectious agents, incl. human blood/tissue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Human carcinogens? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazardous materials/gases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered “Yes” to one of the above, please list UCR approvals/BUA numbers:

INVESTIGATOR INFORMATION:

Investigator (PI): _____ **Department:** _____

Office Location: _____ **Telephone:** _____

UCR Email: _____

Department Analyst: _____

FAU 1: _____ **Award #:** _____ **End Date:** _____

FAU 2: _____ **Award#:** _____ **End Date:** _____

I take full responsibility for the care and safekeeping of the equipment I and my laboratory personnel are using at the University of California, Riverside, School of Medicine, Division of Biomedical Sciences. I understand that if items are damaged, broken, or lost while in our use, that I am financially liable. I confirm that the individual(s) listed have completed the required training to use the facility equipment and work in a BSL 2 environment.

PI Signature: _____ Date: _____

USER(S) INFORMATION: Add USER Delete USER

User Name: _____ Email: _____

Job Title: _____ Department: _____

Phone: _____ Signature: _____

- User is UCR based User is from an outside institution

User Name: _____ Date: _____

Job Title: _____

Email: _____ Department: _____

Telephone: _____

Signature: _____

User Name: _____ Date: _____

Job Title: _____

Email: _____ Department: _____

Telephone: _____

Signature: _____ Date: _____

Note: For users working on more than one award/project, a separate username will be issued to each user for each project. This will facilitate accurate billing.

INTERNAL USE ONLY:

Date Received: _____ Reviewed by: _____

Notes: