



EXTERNAL INSTRUMENT USE APPLICATION

[For use by external non-profit users]

Billing Information

Entity Name: _____

Billing Address: _____

Phone #: _____

Fax #: _____

Billing Contact Name: _____

Billing Contact email: _____

PO #: _____

Instrument Use Application

Please complete this section if you will be using GDEC equipment directly (after training).

User's name: _____ Email: _____

Instrument to be used: _____

_____ Are you a trained user already? _____

Please acknowledge our safety regulations: I understand that the GDEC facility is currently equipped for BSL1 organisms only and I will not introduce organisms to the lab that require BSL2 containment. _____

Requester initials

Signature

By signing this form, User and User's Employer acknowledge that payment is due upon demand as set forth in the Equipment Use Agreement. Any billing questions may be directed to Meri Dix, Rice University, at meri.c.dix@rice.edu.

User's signature (required): _____

User's employer (print name): _____ Title: _____

User's employer representative signature: _____ Date: _____

Signature of GDEC representative: _____ Date: _____