

# CONFOCAL LASER SCANNING FLUORESCENT IMAGING CORE FACILITY (CIF)

## CIF USER PROFILE/RESPONSIBLE AGREEMENT FORM

Michigan Technological University

### *USER PROFILE*

User's Name

Email \_\_\_\_\_@mtu.edu

Position

Active Account Number(s) (List at least one.)

Account Holder

Primary Department

Lab Phone Number

Brief description of proposed experimental procedure, sample preparation, and imaging techniques:

### *RESPONSIBLE AGREEMENT*

The User agrees to pay for repairs assessed in the event of deliberate or negligent use resulting in damage to the equipment. The User agrees to adhere to all policy information regarding training, access, rates, reservations, usage, safety, and cleanliness presented on the CIF website.

User Name

User Signature \_\_\_\_\_ Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_