

USER VERIFICATION AND ACKNOWLEDGEMENT FORM

Thank you for your interest in using CNSI's Integrated Nanomaterials Laboratory (INML) Research Facility. We ask you to carefully read and fill out the following form. It is also important that all requested dates be filled in and that this form be signed by the professor, PI, or supervisor. By submitting this form you confirm that the researcher named below needs access to the INML Research Facility for the time duration stated below as part of his/her research activity. If the status of the researcher changes for any reason, you must notify the Laboratory Management of the change.

Part 1: User Verification (to be filled out by the PI , or Supervisor)

Researcher Name: _____ E-Mail Address: _____

Supervisor Name: _____ Institution: _____

Start/End Date for Lab Usage, Start Date: _____ End Date: _____

Researcher Signature: _____ Date: _____

Part 2: Lab Safety Acknowledgement

I acknowledge that I have gone through Environmental Health and Safety (EHS)'s orientation and training for the UCLA lab safety regulations. I am aware the hazardous materials/equipment in the lab and I agree to follow the safety and operating procedures to the best of my ability.

Researcher Signature: _____ Date: _____

Part 3: Payment Acknowledgement

I acknowledge that I have gone through the UCLA *Sales and Service Policy 340* in regarding to the CNSI core facility operation. I am aware that my research is categorized into *Expataxy Grade (1, 2, 3)* of the three services provided by INML and I will pay the lab usage fees according to this category.

Recharge ID (UC researchers) or PO# (non-UC researchers): _____

PI, or Supervisor Signature: _____ Date: _____

Part 4: Nondisclosure Agreement Acknowledgement

I am aware that the INML is one of the CNSI core facilities opening to versatile users. If I need special protection for any data generated from my research in the INML facilities, I agree to follow the lab operating procedure to claim an official ***NONDISCLOSURE AGREEMENT***.

Researcher Signature: _____ Date: _____

INML Manager or Supervisor Signature: _____ Date: _____