

MASS SPECTROMETRY LAB
Financial Responsibility Agreement Form (Authorization Form)

Name: _____ I-Card Number (16 digits): _____
(Please Print) (Last, First)

Email Address: _____ Lab Phone: _____

Please give your complete campus mail address:

Box: _____ Address: _____ Advisor: _____

Department: _____ Division: _____ School: _____

Research Account #: _____ Activity Code: _____

The user must be agreed to do the following

1. Fill out the online form.
2. Follow the guidelines for sample concentration in ESI and load the plate properly in MALDI
3. Use the log book properly. (Register the number of samples and the time etc).

User's signature _____ Date _____

Academic Status (Circle One)

Undergraduate Graduate Postdoc Faculty Visiting Scientist

.....
Advisor's approval **Advisor's name** _____

The person identified above, who is doing research with me, has what I consider a legitimate reason for learning to operate, and subsequently using, the MASS SPEC Lab instrumentation in his/her research. I authorize payment from the above indicated research account, for usage of and any damage to the MASS SPEC Lab instrumentation while he/she is using it.

Signed, _____
(Signature of Research Advisor)

For Mass Spectrometry Lab Use.

Instrument(s) Authorized _____ MSL Staff _____ Date _____

Please return completed form to the Lab Director Furong Sun (3-2545)