

Terms of Agreement for Solid-State NMR Users
SCS NMR Lab, University of Illinois

1. A "Request for NMR Spectrometer Time" *form* MUST be filled out and submitted via email (asutrisn@illinois.edu) or dropped off to Dr. Andre Sutrisno in Noyes Lab 55. Other request formats will not be accepted. The form will be e-mailed to you in an information packet once you become a user. You can also find this form on the SCS NMR website (<http://scs.illinois.edu/nmr/>).
2. If you would like the NMR Staff to collect data for you, indicate that in the Request *form*.
3. If you are a complete newcomer to NMR, then you must first go through Basic NMR training. See the staff in 146 RAL.
4. Solid-State NMR training will continue at user expense until the trainer feels you are competent enough to safely and effectively obtain NMR spectra by yourself.
5. Clean rotors with ALL of their parts will be given to you before your scheduled time; therefore, clean rotors with ALL of their parts are to be returned after your scheduled time.
6. If all rotor(s) and parts are not returned, or if anything is damaged, your account will be charged the amount required to complete the rotor set.
7. If all rotor(s) and parts are not cleaned prior to return, a \$10 charge for **each** uncleaned rotor will be applied to your account.
8. If you are late for your scheduled time, you must notify Dr. Sutrisno at least 1 hour in advance with his personal verbal or written confirmation. Otherwise, you can be only 10 minutes late before your reservation is:
 - a. Deleted (for 1 day reservations only) or,
 - b. You are billed for an additional 2 hours, plus the time you use the spectrometer(s).
9. If you do not comply with these rules, you will not be allowed to use the Solid-State NMR Facility and the NMR Staff will collect data for you and bill your account for both instrument and staff time at the standard rates.
10. If the instrument and NMR parts are repeatedly abused, you will not be allowed to use the Solid-State NMR facility and the NMR Staff will collect data for you and bill your account for both instrument and staff time at the standard rates.

Please sign below and have your advisor authorize this agreement to indicate your compliance with the terms listed above.

User Signature: _____ Date: _____

User Group: _____

Advisor Signature: _____ Date: _____

Approved by Dr. Sutrisno: _____ Date: _____