Rice University Biomaterials Lab External Instrument User Application



Company Name: University of Houston Department of xxx	XXXXX
Billing Address: Department Mailing Address	
	PO #:
	PI name: First and Last Name of PI
	PI department: Name of PI's Dept.
Billing contact name: Name of Dept. Business Office Contact	act or PI
Billing contact email: Email of Dept. Business Office Conta	
If instrument is to be operated by a Rice trained user	or technician, please complete the
below statement.	
Rice University BML Research Technician or other quali	ified BML user will be operating the
following instruments:	
Phenom XL Desktop SEM	
on behalf of University of Houston Dept. of xx(Company	name).(I understand that if a BML
technician operates the instrument, there will be an addition	onal fee of \$110.00/hr for the technician's
time plus the external instrumentation fee that is associate	ed with running the equipment.)
Above Company Representative Signature: Signature	of PI
Title: Title of PI	
Date: Date PI signed	
Person(s) who will be on Rice campus using BML equ by non-Rice Users or technicians, please fill out this p (1) User's Name: First and Last name of First user	ortion (Use back of page if necessary)
Instrument to be Used: Name of Instrument Are you a	· · · · · · · · · · · · · · · · · · ·
morament to be a sea. <u>Name of instrument</u> . The you u	trained user arready.
	-
User's Signature (Required): Signature of First User list	ted under # 1
(2) User's Name: First and Last name of Second User E	E-mail: <u>User email must be "uh.edu"</u>
Instrument to be Used: Name of Instrument Are you a	trained user already? Yes or No
User's Signature (Required): Signature of Second User I	isted under #2
Usan's Employer Denyesantative Signature: Simply of Signature	D. Millian
User's Employer Representative Signature: Signature of Cris	suna D. Milligan
Print Name: Cristina D. Milligan Title: AVP for	Research Admin. Date:
Time radio.	Toosaron Admin. Date.
Signature of Representative of Rice BML:	Date: