

MASS SPECTROMETRY FACILITY

User Registration Form

This form comprises a formal agreement between the MS Facility Manager, a student/postdoc/RA and their academic supervisor(s) for work undertaken in the MS Facility. Its purpose is to provide clarity about the nature of the project, the involvement of the parties concerned and about authorship and supervision.

This form is to be completed and signed by all parties prior to work commencing the project.

User Details:

Name: _____

Telephone: _____

Email: _____

School/Dept/Institute/Centre: _____

Tick the box that best describes your position:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="radio"/> Academic Staff | <input type="radio"/> PhD Student | <input type="radio"/> MSc Student |
| <input type="radio"/> Post-Doc Fellow | <input type="radio"/> Undergraduate Student | <input type="radio"/> External User |

Project Details:

Project title: _____

Supervisor/line manager: _____

Detailed description of your samples, the measurement and analyses you will perform at MS Facility:

Terms & Conditions:

I acknowledge that I have an approved access to School of Medicine (SoM) and MS Facility *via* Technical co-ordinator of SoM and MS Lab manager.

I have read, understand and agree with Health & Safety Regulations of WSU and MS Facility Laboratory.

I understand good laboratory practice and I will label my samples and data clearly, back-up my data to external disk, and report any broken parts of instrumentation to MS manager.

I will acknowledge MS Facility in publications of any kind that contain data acquired using instruments from the facility.

Applicant's signature & Date: _____

Supervisor's approval & Date (students only): _____