**Request for Equipment Use by External Group Members**

(Applies only to Histology equipment, Platereader, Mask Alignment system,

MTS, GPC, UV-Vis)

The Anseth labs give permission

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of guest)

[office \_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_, phone \_\_\_\_\_\_\_\_\_]

from the lab of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (guest’s supervisor)

to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (equipment)

to perform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (experiment al details. Provide enough information for us to approve the chemical/biologics that will be used in our laboratory.)

between the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (no longer than 6 months)

I agree to abide by Anseth group safety protocols (e.g., wear safety glasses), training procedures, proper waste disposal, and understand that no *unsupervised* undergraduate students under my mentorship are allowed to use this instrumentation.

Requesting individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name)

Lab supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (KSA)

Safety/waste/equipment training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student/Post-doc)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ (printed name)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_