The University of Michigan
Soft Lithographic Facility (SLF)
and Cell Culture Facility (CCF)

Shuichi Takayama, Ph.D.
Mayte Brown, Administrator
Ruth Halsey, Financial Manager

Name:_________________________________________ Email:__________________________________________
Department: ____________________________________ Faculty Advisor:__________________________________
Effective Academic Year*: _________________________(e.g. 2010 - 2011)

Facility to be used ________________________________(e.g. Soft Lithographic Facility and/or Cell Culture Facility)

*RENEWAL REQUIREMENT
Other lab (non-Takayama lab) users of the SLF and/or CCF must complete a renewal form each academic year.

I want to do the following research:

Signature of User: ________________________________________________(Date/Signature; User)

SAFETY AND OSEH TRAINING: Please initial to all that apply below

Soft Lithographic Facility Safety Training
____ 1. The user understands and will follow all OSEH and SLF lab safety protocols and other facility policies.
____ 2. The user acknowledges that they have completed both the SLF Lab Safety and OSEH Training.
____ 3. The User has attached a photocopy of the OSEH certificate.
____ 4. The user is aware of the location of the CHP manual in the 2100 Lab.

Cell Culture Facility Safety Training (Note: UG wait two months before allowed to use the facility)
The user acknowledges that they have completed the Cell Culture Facility Safety Training and:
_____ a. Completed the Cell Culture Safety Test.
_____ b. Received personal training from the Cell Culture Manager (John).
_____ c. Is aware of the location of the Biosafety Manual in the 2100 lab.
_____ d. The User has attached a photocopy of the OSEH certificate.

***http://www.osehtraining.umich.edu/osehtraining/
(REQUIRED Comprehensive Laboratory Safety Training - North Campus Location)

Billing information
Short code** to charge Soft-Lithographic Facility: ______________________________
Short code** to charge Cell Culture Facility: ______________________________

** IMPORTANT NOTICE
Please inform us immediately, via e-mail, if your Short code for billing changes and when you are done with the use of our facility; otherwise, your account will continue to be charged.

Billing: The project director of this account agrees to pay the user fees for the facility (SLF $160.00/month as of 9/1/09 and CCF $230/month as of 09/01/09; we will bill once per semester, or once every 4 months, unless specially requested).

Signature of Faculty Advisor or Supervisor:

Billing: ____________________________________________________________
Signature_________________________________________________________        Date____________

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