New SCIF User Application

Part 1: User Information (to be filled out by the Professor, PI, or Supervisor)
Thank you for your interest in using UC Merced’s SCIF facilities. We ask you to carefully read and fill out the following form. It is also important that all requested information be filled in and that this form is signed by the professor, PI, or supervisor. By submitting this form, you confirm that the researcher named below needs access to SCIF as part of his/her research activity. For laboratory users claiming the internal rate, you agree that your use of the facility and equipment is solely for the pursuit of UC Merced’s academic and research interests. Violators may be barred from using the facility until approved by VCR. If the status of the researcher changes for any reason, you must notify the Laboratory Staff of the change.

Please check the SCIF module(s) you are interested in using:

☐ Cell Culture Facility
☐ Clean Room and Microfabrication
☐ Confocal Microscopy
☐ Flow Cytometry and Cell Sorting

Researcher Name: ______________________________
E-Mail Address: ________________________________
Supervisor/PI Name: ____________________________
Institution: ____________________________________
FAU (UC researchers) or PO# (non-UC researchers): ______________________________

Professor, PI, or Supervisor Signature: ______________________________ Date: ____________

Part 2: User Acknowledgement (to be signed by the researcher performing the work in the SCIF facility)
I acknowledge that I have read and understood the SCIF Policies and Procedures, Orientation Presentation (Cleanroom and Confocal) or viewed the web tutorials (Flow cytometry and Cell Culture), and have completed any required EH&S safety trainings. I am aware of the hazardous materials and equipment in the laboratory and I agree to follow all UCM SCIF’s safety and operating procedures.

Researcher Name: ______________________________
Researcher Signature: ______________________________ Date: ________________

For SCIF Use ONLY:
Orientation Date: _________ Training Completed On: ____________ Rate: ____________
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