

**Authorization Agreement for use of The University of Georgia
Center for Advanced Ultrastructural Research (CAUR) Instruments**

The **Principal Investigator**, whose signature appears below, hereby acknowledges that the following researcher/student is authorized to use the instruments indicated. The time and materials consumed in using these instruments will be charged to the specified account. **A reprint of publications, and titles of theses/dissertations, resulting from the use of CAUR facilities shall be provided to CAUR staff to include in annual reports.**

Authorized User Information

Name: _____

Position: _____
Dept: _____
Room & Bldg: _____
E-mail: _____ Phone: _____
Signature: _____

Note: Users should **not** sign this form until they have read and understood the Standard Operating Procedures for the Center and Safety information.

**I have gone through the on-line RTK lab safety training and
have a form on file with my PI or dept. office (initial):** _____

Instruments to be used. Check one or more.

- | | |
|---|--|
| <input type="checkbox"/> JEOL 100CX TEM | <input type="checkbox"/> Zeiss 1450EP ESEM |
| <input type="checkbox"/> FEI Tecnai 20 TEM | <input type="checkbox"/> LEO 982 FE-SEM |
| <input type="checkbox"/> Leica SP2 confocal | <input type="checkbox"/> Leica SP5 MP confocal |
| <input type="checkbox"/> Skyscan MicroCT | |

This information required for on-line scheduling system (FACES).

You will be assigned a login and password which will be e-mailed after you are trained.

Principal Investigator/ Advisor Information

Name: _____ Phone: _____
Dept: _____ E-mail: _____
Signature: _____

Account Information:

If your account number changes, you must contact the CAUR Administrative Assistant and provide the new information.

Account Number: _____ Account Name: _____
Business Manager: _____ Phone: _____
E-mail: _____