

REQUEST FOR TRAINING OR ACCESS TO TITAN THEMIS S/TEM MICROSCOPE

It is a requirement that those wishing to be trained and use the Titan Themis have previous TEM training and have attended/will attend a TEM class

Name:

Group & Dept/Institute:

Date:

Account or grant number (against which microscope time will be charged):

E-mail address:

Rice ID:

Please give a brief description of the project. Include details of what type of specimens you will be investigating, and what type of information you hope to obtain from S/TEM. Attach more details on a separate sheet if needed.

When you would wish for the training to commence?

What previous TEM experience do you have? Which microscopes are you familiar with, and at what level (e.g. how many years' experience do you have, which techniques have you used, etc)? Also please attach pdfs of any of your relevant publications.

Will you need help processing and analysing your results?

Please return this form to both Prof. Emilie Ringe (er12@rice.edu) and Dr Hua Guo (hg23@rice.edu).

**RICE UNIVERSITY SHARED EQUIPMENT AUTHORITY
EQUIPMENT USE AGREEMENT
[For use by Rice Faculty, Students and Staff members]**

Rice User Name (first and last): _____

Rice Faculty Sponsor/Advisor Name (User's Sponsor): _____

Rice User's Department: _____

Equipment to be Used: (List all instruments that you want to use even if you will not use them at this time.): _____

Purpose of Equipment Use (Research) (Provide Fund/Org): _____

User desires to use the Equipment in the Facilities for the Research on the Schedule (all as set forth above), and in consideration thereof, User hereby acknowledges and agrees as follows:

Usage Scope: User shall only use the Equipment in the Facilities for the Research on the Schedule, and any changes thereto shall be coordinated with and approved by a representative of the Rice Shared Equipment Authority (Rice SEA). **Should additional instruments be requested for use or a user change group or advisor, an additional agreement must be submitted.**

Qualification and Standard Care: Prior to using the Equipment and Facilities, User shall have the necessary knowledge, abilities, training, skills and experience to use the Equipment and Facilities in the proper manner and for their intended purpose. When using the Equipment and Facilities, User shall act in a professional manner, consistent with prevailing industry standards and practices.

Compliance with Law and Rice Policy: When using the Equipment and the Facilities, User shall comply with all applicable federal, state and local statutes, regulations, codes, ordinances, as well as all applicable Rice policies and procedures.

Usage Costs and Expenses: User shall be responsible and liable for any and all costs and expenses related to User's use of the Equipment and the Facilities. The Rice SEA will determine the costs and expenses applicable to User's use of the Equipment and the Facilities for the Research, and will provide User with an invoice therefore. If User is a student, User's Sponsor or User's Department will be invoiced. Payment will be made electronically by billing the fund provided by the user of user's advisor.

Liability for Damage or Loss: User shall be responsible and liable for any and all costs, expenses or charges that the Rice SEA may incur or assess for the repair or replacement of the Equipment or the Facilities as a result of damage or loss caused by User's intentional or negligent acts or omissions.

I have read and understand the provisions of this Agreement, and I agree to use the Equipment in the Facilities for the Research on the Schedule, upon and subject to the provisions hereof. By signing up on the Web Schedule and by signing in the Logbooks, you are agreeing to the terms of this document.

Signature of User

Signature of User's Advisor/Sponsor if other than User.

Date:

Accepted and Approved by the Rice Shared Equipment Authority

Signature of Rice SEA Representative

Date

Shared Equipment Authority



New User Information Sheet

Date: _____

Instrument: _____

First and Last Name _____ **ID #:** _____

Department: _____

Phone Extension: _____

E-mail Address: _____

Mail Stop: _____

Fund/Org. to charge for instrument use: _____

Advisor: _____

If you have already been trained, who trained you? _____

**RETURN FORM TO MERI DIX IN BRC-218 OR INTEROFFICE MAIL, MS680, OR
SCAN AND EMAIL TO meri.c.dix@rice.edu.**