

User Information Sheet

Date: _____

Name: _____

Department / Company Name: _____

Address: _____

Phone: _____ E-Mail: _____

Student #: _____

Advisors Name: _____

Program: B. Sc. ____ M. Sc. ____ Ph. D. ____ Post Doc ____

Emergency Contact Person: _____

Emergency Address: _____

Emergency Phone: _____

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Proposed Project

Title:

Substrates required:

Processes required: (please also give an indication of lab use in total hours per week)

Chemicals: (especially any new/non-standard ones)