

Rice University
Biomaterials Lab
External Instrument User Application

Company Name: _____
Billing Address: _____ Phone #: _____
_____ PO #: _____
_____ PI name: _____
_____ PI department: _____

Billing contact name: _____
Billing contact email: _____

If instrument is to be operated by a Rice trained user or technician, please complete the below statement.

Rice University BML Research Technician or other qualified BML user will be operating the following instruments:

_____ on behalf of _____ (Company name). (I understand that if a BML technician operates the instrument, there will be an additional fee of \$110.00/hr for the technician's time plus the external instrumentation fee that is associated with running the equipment.)

Above Company Representative Signature: _____
Title: _____
Date: _____

Person(s) who will be on Rice campus using BML equipment if instrument is to be operated by non-Rice Users or technicians, please fill out this portion (Use back of page if necessary)

(1) User's Name: _____ E-mail: _____
Instrument to be Used: _____ Are you a trained user already? _____

User's Signature (Required): _____

(2) User's Name: _____ E-mail: _____
Instrument to be Used: _____ Are you a trained user already? _____

User's Signature (Required): _____

User's Employer Representative Signature: Signature of Cristina D. Milligan _____

Print Name: Cristina D. Milligan Title: AVP for Research Admin. Date: _____

Signature of Representative of Rice BML: _____ Date: _____

By signing this form, User and User's Employer acknowledge that you have received a copy of our billing rates and understand that payment is due upon demand as set forth in the Equipment Use Agreement. Any billing questions may be directed to Meri Dix, Rice University -BML, MS-680, 6100 Main Street, Houston TX 77005, 713-348-8233