James McNew

SEA Chair

Shared Equipment Authority Facility

SEA Shared Equipment Authority

Rice University
Shared Equipment Authority
External Instrument User Application

SAMPLE

Company Name: University of Houston Department of xxxxxxx

Billing Address: Department Mailing Address **Phone #**: Dept. Phone Number

PO #: _____

Billing contact name: Name of Dept. Business Office Contact (or PI)

Billing contact email: Email of Dept. Business Office Contact (or PI)

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

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

FEI Tecnai F20 Transmission Electron Microscope with Cryo

on behalf of University of Houston Dept of xx (Company name).(I understand that if a SEA technician operates the instrument, there will be an additional fee of $120.00/hr for the technician's time **plus** the external instrumentation fee that is associated with running the equipment.)

Above Company Representative Signature: Signature of PI

Title: Title of PI

Date: Date of PI signature

Person(s) who will be on Rice campus using SEA 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: First and Last name of First User E-mail: User email must be "uh.edu"

Instrument to be Used: Name of Instrument Are you a trained user already? Yes or No

User's Signature (Required): Signature of First User listed under #1

(2) User's Name: First and Last name of Second User E-mail: User email must be "uh.edu"

Instrument to be Used: Name of Instrument Are you a trained user already? Yes or No

User's Signature (Required): Signature of Second User listed under #2

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 SEA: _____ 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 Brad Gonzales Rice University-SEA, MS-100, 6100 Main Street, Houston TX 77005, 713-348-8233

James McNew
SEA Chair

Shared Equipment Authority Facility

Rice University
Shared Equipment Authority
Fee For Service Application

SAMPLE

Entity Name: University of Houston Department of xxxxx

Billing Address: Department Mailing Address

Phone #: Department Phone #

Fax #: Department Fax #

Billing contact name: Name of Dept Business Office Contact (or PI)

Billing contact email: Email of Dept Business Office Contact (or PI)

PO #: _____

If instrument is to be operated by a Rice Shared Equipment Authority Research Scientist, technician or other trained user, please complete the below statement.

Rice University SEA Research Scientist or Technician or other qualified SEA user will be operating the following instrument(s):

FEI Tecnai F20 Transmission Electron Microscope with Cryo

on behalf of First and Last Name who is employed by University of Houston (Entity name).

I understand that if a SEA Research Scientist or technician operates the instrument, there will be an additional fee for the technician's time plus the external instrumentation fee that is associated with operating the equipment. (The amount will be determined by Technician operating the instrument based upon an estimate of the sample prep and time spent on the work and will be communicated prior to work being done. In the absence of an estimate, $110/hr will be charged.)

By signing this form, User and User's Employer acknowledge that you understand that payment is due upon demand. Any billing questions may be directed to Brad Gonzales , Rice University, Shared Equipment Authority, 6100 Main Street- MS100, Houston TX77005, 713-348-8233.

Signature: Signature of Cristina D. Milligan

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

James McNew
SEA Chair

Shared Equipment Authority Facility

Rice University
Shared Equipment Authority
Application

SAMPLE

Entity Name: University of Houston Department of xxxxx

Billing Address: Department Mailing Address **Phone #**: Department Phone #

Email Address
to send billing invoice: Email of Department Business Office Contact (or PI)
PO# (if applicable): _____
Expiration date of agreement: End Date of Collaboration Agreement

If instrument is to be operated by a Rice Shared Equipment Authority Research Scientist, technician or other trained user, please complete the below statement.

The Rice University SEA Research Scientist or Technician or other qualified SEA user will be operating the following instrument(s) on a collaborative basis:

FEI Tecnai F20 Transmission Electron Microscope with Cryo

on behalf of First and Last Name who is employed by University of Houston (Entity name).

I understand that if a SEA Research Scientist or technician operates the instrument on a collaborative basis, the following conditions apply:

- The SEA Research Scientist will be a collaborator and co-author on any presentations or publications that use the data acquired.
- The standard external instrumentation/service fee that is associated with the instrument/service will be paid by the entity authorizing the work and only the fee normally associated with the SEA Research Scientists' time will be waived.
- The work will be done as time permits and instrument availability allows.
- There are NO restrictions to presenting or publishing the work.
- The work must be funded by a federal or state agency, a non-profit foundation, a philanthropic organization or some similar entity and not by a for-profit entity for its direct benefit (including work at a university funded by a company for its own benefit.)

By signing this form, User and User's Employer acknowledge that you understand that payment is due upon demand. Any billing questions may be directed to Brad Gonzales, Rice University, Shared Equipment Authority, 6100 Main Street- MS686 Houston TX77005, 713-348-8233.

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 SEA: _____ Date: _____