

## **CGSC New User Information Form**

*Please complete prior to any work being done in the core facility.*

Experimenter Name \_\_\_\_\_  
(first) (last)

Email \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ -2007  
(dd) (mon)

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

P.I. Name \_\_\_\_\_  
(first) (last)

Department or Division \_\_\_\_\_

Billing Account Number \_\_\_\_\_

Experiment Title \_\_\_\_\_

Brief description of process and goal \_\_\_\_\_

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Is this work covered by a Institutional Bio-safety Committee (IBC) Protocol ?  
 No  Yes IBC# \_\_\_\_\_

Does any part of the protocol involve viable biological material?  No  Yes  
Biohazardous or pathogenic material?  No  Yes  
Please list all Biological Hazards and Pathogens:

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Are any of the reagents used hazardous waste?  No  Yes  
Please list by chemical name:

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Carcinogens ?  No  Yes, List \_\_\_\_\_