CORE LABORATORY ACCESS REGISTRATION FORM

Principal Investigator Information:

Name: ______________________________________________________________________________________

Affiliation (check one): DHLRI ___ CCC ___ NINDS ___ Other (specify) ______________________________

E-mail: ____________________________________________________________________________________ OSU Username.# _________________________

User Information:

Name: ____________________________________________________________________________________

Phone: _________________________________ Email: ___________________________________________

OSU Username.# _____________________________________ OSUMC login name: _________________

NOTE: You must provide BOTH an Employee or Student # AND one badge#. Incomplete forms will not be processed until the required information has been submitted.

Employee or Student #: (8 or 9 digits) ________________________________

AND

Badge #:
Hospital: ________________________________ OR BuckID: ________________________________

(9 digits) (16 or 19 digits)

Which core lab are you requesting access to? ______________________________________________

Instructions

1. In order to use the DHLRI core facilities, a Principal Investigator must assume responsibility for usage fees by signing this form with. Individual users must submit a separate, completed Core Registration form to each core they want to use. To avoid delays in processing your application, provide all information requested. Incomplete or illegible forms may result in a delay in receiving access to facilities.

2. Please read the Core Lab Policies and Core Lab Charges documents for a complete description of core lab policies and the current service charges. Printable versions of these documents are available at our website: https://heartlung.osu.edu/corelabs/Pages/feespolicies.aspx

3. Return all completed and signed forms to the core lab manager. Key card access to individual core labs is approved by the core manager after appropriate training.

I have read the attached User Agreement and the DHLRI Core Lab Policies document and agree to observe the policies presented. I have retained a copy of this document for my records.

Principal Investigator Signature: __________________________________ Date __________

User Signature: __________________________________ Date __________

__________________________
Approved By Core Manager: Date __________
Davis Heart and Lung Research Institute

Core Laboratories User Agreement

The following is an overview of the policies for DHLRI core lab usage. Please refer to the full Core Labs Policy document for any questions regarding current usage policy and service charges.

1. Each Principal Investigator must authorize and maintain an active billing account with the business office. PIs must approve core access for their laboratory staff by signing a registration form and submitting it to the Core Manager for each core lab they plan to use.

2. Changes to the information on the charge authorization and user registration forms should be transmitted to our business office in a timely manner. For accounts beyond the funding date of the supporting project, users may be denied access to facilities until a valid account is reestablished. PIs must notify the business office of users they would like removed from their authorized list.

3. Access to the core labs outside of normal operating hours is available by keycard 24 hours a day for approved users. Please note that approval for off-hours access to a core lab is limited to the user approved by the manager and only for the equipment authorized.

4. Users may sign up to use the facilities anytime they are available. However, be sure there is sufficient time to complete your work without encroaching into the time slots of other scheduled users.

5. Any scheduling that involves core personnel assistance is tentative until approved by the core manager.

6. Damage to equipment resulting from misuse by a user may result in the loss of privileges and charges for the repairs costs. Users must immediately report any malfunctioning equipment to the core manager.

7. Detailed lists of current core charges are posted on our website. Updates to charges are posted prior to their effective date. It is the user’s responsibility to be familiar with the current charges for core services prior to using the facility.

8. Regular business hours for all DHLRI Core facilities are Monday through Friday, 8:00 AM – 5:00 PM, University holidays excluded. The hours for manager assistance may vary by core lab. Please note that requests for manager assistance outside of regular business hours may carry a surcharge beyond the usual charges, and the acceptance of such off-hours requests is solely at the discretion of the manager.

9. Billing to projects will be initiated at the end of each month. PIs will receive an email with a summary of the billing for that month for their financial records.

10. The goal of the DHLRI Core Labs scheduling policy is to make the facilities available to as many users as possible. With this in mind, users are encouraged to make reasonable time estimates when scheduling. Excessive scheduling of unused time may result in the user being charged for the full time slot scheduled. In order to avoid charges, it is the user’s responsibility to cancel 24 hr. in advance any time slot that will not be used. If you will be late for your scheduled time, you must contact the core manager in order to hold your time slot. No-show time slots will be held for 30 minutes, after which the core manager may reassign the time to another user. The scheduled user may be charged for all time not reassigned. Assessment of charges for unused, scheduled time will be determined by the core manager based on the users past history of scheduling abuses as well as current equipment demand.