

**Authorization Agreement for use of The University of Georgia  
Center for Advanced Ultrastructural Research (CAUR) Instruments**

The **Principal Investigator**, whose signature appears below, hereby acknowledges that the following researcher/student is authorized to use the instruments indicated. The time and materials consumed in using these instruments will be charged to the specified account. **A list of publications and titles of theses/dissertations, resulting from the use of CAUR facilities, shall be provided to [CAUR staff](#) to include in annual reports.**

**Authorized User Information**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Dept: \_\_\_\_\_ Room & Bldg: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
UGA ID: 810- \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** Users should **not** sign this form until they have read and understood the [Standard Operating Procedures](#) for the Center and Safety information.

*I have gone through the on-line [UGA RTK lab safety training](#)  
and have a form on file with my PI or dept. office (initial):*

**Instruments to be used. Check one or more.**

JEOL 100CX  
TEM  
FEI Tecnai 20 TEM  
Skyscan MicroCT

Zeiss 1450EP ESEM  
Leica SP2 confocal  
Leica SP5 MP confocal

*This information required for on-line scheduling system (FACES).  
You will be assigned a login and password which will be e-mailed after you are trained.*

**Principal Investigator/ Advisor Information** (Please ignore if user is PI/Advisor)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dept: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_

***If your account number changes, you must contact the CAUR and provide the new information***

**Account Information:**

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Dept. Business Manager: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_