



CCMR

Cornell Center for Materials

Research New User Application:

External User

This signed form is required. Electronic signatures are preferred, although scanned versions are acceptable. Email the completed form to ccmr-fom-admin@cornell.edu or mail to Clark Hall 621, 142 Sciences Drive, Ithaca, NY 14853.

Section 1. User Contact Information (* required fields)

* First Name: _____ Middle Init.: _____ *Last Name: _____

* E-mail: _____ *Phone: _____ Fax: _____

* Job Title: _____

* Institution: _____ Department: _____

* Billing Contact Person: _____

* Billing Address: _____

*City: _____ *State: _____ *Zip: _____

Please tell us how you learned of the CCMR
Facilities (referral, Internet search, MRFN.org, etc.):

Description of initial project/research: _____

Would you like the appropriate facility person to contact you based on your project description (check if yes):

Will you be coming to the Cornell campus to operate CCMR instrumentation? Yes ___ No ___ Not at this time ___

If Yes, you must complete all sections 1–4.

If No, complete sections 1–2, however you will not be qualified to be on Cornell's campus to operate CCMR instrumentation.

Visit www.ccmr.cornell.edu/newuser for more information on becoming a Shared Facility user.

Section 2: CCMR Shared Facility Agreement (payment, policies, intellectual property)

By signing below, the User warrants that he/she is familiar with the CCMR Shared Facilities Policies and Procedures Manual

(<http://www.ccmr.cornell.edu/policies>) and understands and agrees to abide by the policies of use set by the CCMR and Cornell University. The user represents that his or her knowledge of chemistry and general laboratory practice is advanced enough to permit the safe pursuit of the project in question.

Additionally, by signing this agreement, the user agrees to abide by all direction of the facility staff and all relevant CCMR and Cornell policies, including:

- Shared Facilities Policies and Procedures Manual (<http://www.ccmr.cornell.edu/policies>)
- Cornell University Code of Conduct (<https://www.dfa.cornell.edu/policy/policies/campus-code-conduct>)
- Policy 5.1: Responsible Use of Information Technology Resources (<https://it.cornell.edu/policy/policy-51responsible-use-information-technologyresources>)

The User also agrees to provide payment for any instrument time and associated labor costs within 60 days of being invoiced. The User acknowledges that the CCMR is a research enabling center and the User retains ultimate responsibility for project progress and development, and Cornell University and the CCMR do not in any way warrant or assure a particular project result or set of results.

Additionally, Cornell University does not make any claim on your intellectual property based solely upon your use of CCMR Shared Facilities. Typically, the User is merely renting equipment time and CCMR staff provide equipment instruction and general support for common procedures. If the User chooses to disclose confidential information to CCMR staff or other users, the User should have no expectation of continued confidentiality. If you ask CCMR staff for assistance in solving a problem and that interaction results in new intellectual property, the CCMR may have partial claim to that property.

*User Signature: _____ *Date: _____

Users coming to Cornell to become instrument operators are required to complete Sections 3&4 below.

Section 3: CCMR Safety Training and Use Agreement

By signing below the User agrees that while he/she will receive EH&S Lab Safety training and any trainings specific to areas or instruments (www.ccmr.cornell.edu/newuser). While the user will be trained in general chemical safety before being allowed to use chemicals, and in the operation of particular processing instruments required for his or her work, the user assumes primary responsibility for his/her personal safety. It is expected that the User will operate all instruments and equipment in a safe and professional manner, consistent with the operating instructions and Facility rules. Except in cases of gross negligence, users are not responsible for damage to instrumentation through routine use.

If you have had a Cornell netID or ID card before, enter the netID or ID# here: _____

*User Signature: _____ *Date: _____

Section 4: Memorandum of Understanding

All users (and their institutions) of the CCMR Shared Facilities at Cornell University represent that they have read, understand, and agree to the terms of this Memorandum of Understanding and have asked any questions they may have in reference to this memorandum or any other information they have received before signing.

The user and his or her institution understand that his or her use of CCMR Shared Facilities therein is provided only for research work in conjunction with the specific project described in the user's currently approved CCMR proposal.

The user and his or her institution understand that he or she is not an employee of Cornell University and that Cornell University provides no Worker's Compensation or other Liability Coverage for the user's benefit. The user is deemed to be acting as a representative and employee of his or her institution during their work at the CCMR. All users will have their own health and accident insurance and the user institution must carry business liability (\$2M aggregate, \$5M umbrella) coverage. Cornell University will not be responsible for any medical expenses that the user may incur.

The institution shall release, hold harmless, and indemnify Cornell University, its officers, agents and employees from any and all claims, damages, costs (including reasonable attorneys' fees), and liabilities arising out of the user's use of the CCMR Shared Facilities other than those which result from the sole and active negligence of Cornell University, its officers, agents, or employees.

(NOTE: Institutional approval must be by an officer of the institution with appropriate authority, e.g. CEO, COO, CFO, the Vice President for Research, Dean Director, or designee—NOT the Principal Investigator.)

*Institution: _____

*Officer Name: _____ *Officer Title: _____

*Officer Signature: _____ *Date: _____

****If you are unable to provide an officer signature, you must include proof of insurance with this application.****
