

Biomaterials Lab

New User Information Sheet

Date: _____

Instrument: _____

First and Last Name _____ **ID #:** _____

Department: _____

Phone Extension: _____

E-mail Address: _____

Mail Stop: _____

Fund/Org. to charge for instrument use: _____

Advisor: _____

If you have already been trained, who trained you? _____

[RETURN FORM TO MERI DIX IN BRC-218 OR INTEROFFICE MAIL, MS680, OR
SCAN AND EMAIL TO \[meri.c.dix@rice.edu\]\(mailto:meri.c.dix@rice.edu\).](#)