

TERMS AND CONDITIONS (SECTION A)

Training

- Users are to fill up the registration form and endorsed by PI before commencement of the training.
- All new users are required to attend a training before being allowed to operate the flow cytometer independently. Users have a choice of bringing their own samples or use an in-house sample for the hands-on session. Subsequent bookings will be charged at user operated rates.
- Users who have not completed the training session will be charged at staff operated rate.

Bookings and Cancellations

- Minimum chargeable and booking duration is 30 minutes. Users are charged for all hours booked plus any extension of usage.
- Reservations may be cancelled without charge up to 24 hrs prior to the scheduled start time.
- To cancel a reservation within 24 hrs prior to the start: entire fee is charged unless user finds someone else to book all or part of the time slot.
- Users who are late for more than 30min without informing FCU staff may have their slot cancelled and given to other users on the waiting list. They will still be charged the full hours booked.
- Missed appointments or appointments cancelled after the start time are charged the full scheduled time.

Maintenance

- Handle the system with care. If in doubt, seek help from the facility staff.
- User must clean up the bench after use.

Data

- Users are responsible for their own data.
- Facility staff will not be held responsible for any loss, corruption and modifications of any data.
- Data will be cleared every month without notice.

Publications and Acknowledgements

- Please acknowledge the NUSMed Flow Cytometry Unit in publications or grant submissions in which you use images or data generated from the facility.

Safety

- All users must attend the Canvas Online ORMC laser safety training.
- Proper PPE must be worn by users at all time.
- All users should clearly read through, understand and acknowledge the risk assessment.
- All users should inform facility staff of any chemicals **before bringing** to the facility, and they should maintain their own assigned space, LMMS, SOP and RA on the use and transport.
- We reserve the right to dispose chemicals placed at the wrong location and reject the chemicals if we do not have suitable storage space.

APPLICATION FORM

1. Supervisor/Principle Investigator

Name of PI: _____ Department/Company: _____
 Email: _____ Contact Number: _____
 Grant number: _____

2. Applicant Particulars

Name	Contact No.	Email

3. Sample information

Research project:

Details or information on techniques to be used:

Analysis Sorting

Type of cells/ samples to be used (Note: Biohazard Safety Level 1 facility- no live infectious agents allowed):

Live Fixed

Fluorescent proteins/ fluorophore/ dyes/ probes to be used :

Agreement

I acknowledge that I have read, understood and agreed to abide to the terms and conditions in **Section A** of this form.

Applicant Name/ Signature / Date

Agreement

I approve the use of the above grant to cover charges incurred at the Flow Cytometry Unit and I acknowledge that the Applicant is aware of the usage policy.

PI's Name/ Signature/ Date