

## BRC Service Form

Date

MM/DD/YYYY

QU student:

QU Staff:

External:

### Applicant's (internal/external) Details

Name:

Student/QU- ID number:

Phone Number

E-mail Address

Department/College :

Institution:

Lead PI Name:

Lead PI E-mail address

### Service Detail:

Instrument Name :

Type of Samples

Other Service

Duration of use

if Other ( please mention the duration)

From

To

MM/DD/  
YYYY

**Acknowledgment &  
Disclaimer by the PI**

I take full responsibility for any misuse or mishandling of the equipment mentioned in this request. I ensure that the "Applicant" is fully trained on the proper usage of this equipment. Furthermore, I understand and accept that I may be required to compensate the BRC management for part or the full price of the equipment in the event of any damage caused by this "Applicant".

**Acknowledgment &  
Disclaimer by the  
Applicant**

I acknowledge I have read the safety and security procedures for QU and release BRC from any liability in case of an accident resulting from negligence or misuse by my end.

I confirm that I am trained on the proper usage of this equipment and have read its SOP.

### Signatures:

BRC Technical Manager

Applicant's (s)

Principle Investigator