

Ultracentrifuge (OPTIMA XE-90)

AUTHENTICATION RECORD

APPLICANT PROFILE

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|-------------|--|--------------------|--|
| NAME: | | DATE: | |
| DEPARTMENT: | | TEL. NUMBER: | |
| EMAIL: | | ADVISOR SIGNATURE: | |

AUTHENTICATION PROCEDURE:

1. Complete the training courses.
 - A. Join live, record the date and time. Then signed by CFC Staff.
 - B. Watch on-demand video on website (TMU account will be needed for sign in). Be sure to record the date and time, then signed by your advisor.
2. Accumulate 1–5 operating experiences.
3. Pass the operating test.
4. Present an authentication record and apply for authorization.

PLEASE FOLLOW THESE RULES:

1. To qualify for authentication: complete the training courses.
2. Please provide authentication within 1 year of completing the training courses.
3. Accumulate 1–5 operating experiences supervised by technicians or authorized operators of the instrument.
4. Charges apply during the accumulation of operational experience and the operating test.
5. Please accept supervision until passing the operating test.
6. Operating the instrument without authorization and supervision shall result in a 1 month loss of operating authorization for all involved parties.

| Authentication items | Date and time | Sig. of supervisor |
|-----------------------|---------------|--------------------|
| Training courses | | |
| Operating experiences | | |
| | | |
| | | |
| | | |
| Operating test | | |

Approbation of Core Facility Center _____