



# Flinders University Omics Facility

College of Medicine and Public Health

Flinders Medical Centre, Room 4E432 Ph: (08) 8204 6103  
Flinders Drive, Bedford Park SA 5042 Email: Omics.Facility@flinders.edu.au



## New User Registration Form

### Personal details

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Lab Address \_\_\_\_\_  
Lab Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Project/research area \_\_\_\_\_

### Anticipated facility usage

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Facility rules

All users must:

- Abide by OH&S regulations at all times
- Receive training on equipment before use
- Clean up lab bench/workspace after use
- Return all chemicals and equipment to their original locations and wash up glassware
- Label any solutions left unattended and discard any that are no longer needed
- Save data and close software after using computers
- Inform laboratory staff of any damage to or breakage of equipment
- Participate in general laboratory duties such as making common usage buffers
- Pay the costs associated with using the facility and for any damage to equipment
- **Fill out the lab usage log book at the end of each day**

I agree to abide by the above rules while using the Flinders Proteomic Facility

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Training Log

Technique/Equipment \_\_\_\_\_

Trained by \_\_\_\_\_ Date \_\_\_\_\_

User signature \_\_\_\_\_ Entered \_\_\_\_\_

Technique/Equipment \_\_\_\_\_

Trained by \_\_\_\_\_ Date \_\_\_\_\_

User signature \_\_\_\_\_ Entered \_\_\_\_\_

Technique/Equipment \_\_\_\_\_

Trained by \_\_\_\_\_ Date \_\_\_\_\_

User signature \_\_\_\_\_ Entered \_\_\_\_\_

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Technique/Equipment \_\_\_\_\_

Trained by \_\_\_\_\_ Date \_\_\_\_\_

User signature \_\_\_\_\_ Entered \_\_\_\_\_