

# Stanford SMRL NMR User Access/PTA Authorization Form

SMRL operates under a cost sharing model. An authorized PTA must be provided for access. Please leave the completed form in the NMR room, or submit to [liuc@stanford.edu](mailto:liuc@stanford.edu).

## User information:

<input type="checkbox"/> New User Account	<input type="checkbox"/> Replace PTA	<input type="checkbox"/> Add Additional PTA	<input type="checkbox"/> Extend Authorization
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Full Name: \_\_\_\_\_ SUNet ID: \_\_\_\_\_@stanford.edu  
University ID#: \_\_\_\_\_ (above your photo on Stanford ID card)  
Advisor/Group: \_\_\_\_\_

## Safety training:

Completion of the following courses is required for SMRL access. Access courses through the training tab at <http://axess.stanford.edu>. By checking the boxes, you verify that you have completed the courses.

1.  General Safety (EHS-4200)  Ergonomics (EHS-3400)  
and either
  - 2a.  Life Sciences Research Laboratory Safety (EHS-4875)
  - or
  - 2b.  Chemical Safety (EHS-1900) and  Compressed Gas Safety (EHS-2200)

## Acknowledgements:

SMRL receives support from a variety of sources including your user fees. If the work done with SMRL produces data that appears in any type of publication, please acknowledge SMRL in the publication. E.g.:

***Part of this work was performed at the Stanford Magnetic Resonance Laboratory.***

Further, if SMRL staff provided significant experiment design, data interpretation, or other intellectual contribution, please acknowledge contributions, or if appropriate, asked to be a co-author on the publication.

By signing, I acknowledge, understand and will follow the above as well as other guidelines and policies set by SMRL. My use of SMRL facilities and resources will be respectful of the larger user community.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

## PTA Information:

1. Must be signed by PI or Financial Approver of the PTA as listed in the Oracle Financial System. You can run report 229 to verify.
2. Billing usually occurs 1 month after usage of the Service Center. We therefore required the expiration date to be at least 3 months out.

PTA: Project: _____	Task: _____	Award: _____
Effective Date: _____	End Date (optional*): _____	
PI or Financial Approver Name: _____	Date: _____	
PI or Financial Approver Signature: _____		

\* You may specify a date before the expiration date of the PTA in order to grant access for a limited time only.