

Joint Laboratory Use Agreement Form

Project Title

Principal Investigator (PI) Name

PI Department/Affiliation

Co-PI/Collaborator(s) Name(s)

Collaborator(s) Department/Affiliation(s)

Contact Email

Contact Phone

Lab Facility Name

Purpose of Use

Equipment/Resources Needed

Proposed Start Date

Proposed End Date

Anticipated Laboratory Hours

Number of Users

List of Users (Name & Affiliation)

Special Requirements or Notes

Agreement

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I/We agree to abide by all laboratory rules and safety protocols.

PI Signature

Date

Lab Manager/Director Signature

Date