

Shared Spectrometry Device Usage Consent Form

User Information

Full Name

Institution / Department

Email Address

Phone Number

Device Usage Details

Device Name / Model

Purpose of Use

Requested Usage Date(s)

Consent and Agreement

☐ I have read and understood the guidelines for using the shared spectrometry device. I agree to comply with all safety and operational procedures, and accept responsibility for the proper use of the equipment.

Signature

Date