

## BBB INSTRUMENT USAGE REGISTRATION FORM

Tick Appropriate Boxes  Internal User  External User  
 Faculty  Student  Industry Person

<b>User Name</b>	
<b>ID number</b>	
<b>Designation (if faculty) &amp; Department</b>	
<b>Organization Name &amp; Address</b>	
<b>Mobile Number</b>	
<b>Email Id</b>	
<b>Supervisor Name &amp; Department</b>	
<b>Instrument to be used* (Name, Make &amp; Model)</b> <small>This may be taken from the Instrument User Charge Detail document available at BITS BIRAC BioNEST website.</small>	
<b>Description of Sample (Volume/ No. of samples or any other relevant information)</b>	
<b>Date(s) &amp; Preferred Time Slot(s) of analysis</b>	

I certify that my samples **do not** present any danger to the personnel or equipment and **I have provided the details of sample(s) for safety to the operator before analysis. I hereby declare that no radioactive sample has been forwarded for analysis.** I am aware that the BITS BIRAC BioNEST has no liability as to any loss/damage of my samples during storage/transport/analysis at the Innovation lab. I accept all the terms and conditions of use and confirm adherence to all rules and regulations of the BITS BIRAC BioNEST with regard to sample analysis.

**Signature of user with date**

**Signature of Supervisor**  
(Only for Internal Users - Students)

**Signature of HOD**  
(Only for Internal Users – Students & faculty of non-tenure track faculty)

**Signature of BBB In-Charge**

This form may be submitted to **Ms. Sahita Desai at Innovation Lab (BITS BIRAC BioNEST)**

For students, in the absence of the Supervisor, HOD of the concerned Department may approve

**“Enabling innovation in healthcare and environment for a better tomorrow”**