

# LIC Authorization Form (external users)

## User Information (please print or type clearly)

First Name			
Last Name			
OneCard ID (IF AVAILABLE 9digits)			
E-Mail Address			
Work Telephone Number			
Mailing Address	Street:	City:	ZIP:

I already have a Resource Manager Account for use in other laboratories. Yes \_\_\_ No \_\_\_

## Fill in only the section that applies to you:

➤ I am from **WSU, BUT NOT FROM DEPT OF CHEMISTRY**

- My department is \_\_\_\_\_
- My advisor is: \_\_\_\_\_
- Advisor's e-mail address: \_\_\_\_\_
- Account No. for this project: \_\_\_\_\_
- Billing information (where should invoices be sent )
  - Contact: \_\_\_\_\_ Tel. \_\_\_\_\_
  - Street \_\_\_\_\_ Dept \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

➤ I am from an **EDUCATIONAL INSTITUTION (NON WSU)**

- My educational institution is \_\_\_\_\_
- My advisor is: \_\_\_\_\_
- Advisor's e-mail address: \_\_\_\_\_
- Account No. for this project: \_\_\_\_\_
- Billing information (where should invoices be sent )
  - Contact: \_\_\_\_\_ Tel. \_\_\_\_\_
  - Street \_\_\_\_\_ Dept \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

➤ I am from **INDUSTRY**

- Company name: \_\_\_\_\_
- Accounts Payable Contact Person \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- Account No. for this project: \_\_\_\_\_
- Billing information (where should invoices be sent )
  - Contact: \_\_\_\_\_ Tel. \_\_\_\_\_
  - Street \_\_\_\_\_ Dept \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### WHAT TO DO

- Complete the form. Note that Advisor's signature and billing information is required
- Bring the completed form to CIF Lab Manager for approval.
- See Marty Krol (45 Chem.) to Obtain Resource Scheduler Account
- Bring Completed form to Billing (Francine Owczarek Rm 231 Chemistry)

**Using Chemistry instrumentation without scheduling time through resource manager system will result in your account termination**

### **TO BE COMPLETED BY LAB MANAGER**

User is authorized to book the following on Resource Scheduler:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NMR	Mass Spec	X-Ray	TEM/SEM	Small Instruments	Bio-Instruments

\_\_\_\_\_  
Authorized signature

Username:

Password:

To Book Time visit: <http://lic.chem.wayne.edu>

In order to gain admittance to the LIC Labs *via* OneCard electronic access appropriate authorizations are needed. Keys to labs will not be available and access will only be via OneCard. This will be 24/7. **USER ACCESS IS ELECTRONICALLY LOGGED**

Please have the appropriate laboratory manager 1.) Affirm that you are registered in the Resource Manager system and then 2.) Sign and date the form. You will need separate authorizations for each laboratory for which you require access.

## Mass Spec - Lab 30 -

### Dr. Lew Hryhorczuk or Dr. Yuri Danylyuk can authorize access

The aforementioned user should be granted access to this laboratory an authorized user /trained user

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

Non-Chemistry users also require authorization by CIF Director, Dr. Judy Westrick

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

## NMR – Lab 40 -

### Dr. Bashar Ksebati can authorize access

The aforementioned user should be granted access to this laboratory an authorized user /trained user

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

Non-Chemistry users also require authorization by CIF Director, Dr. Judy Westrick

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

## SEM/TEM – Lab 50 inner -

### Dr. Mike Zhi Mei can authorize access

The aforementioned user should be granted access to this laboratory an authorized user /trained user

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

Non-Chemistry users also require authorization by CIF Director, Dr. Judy Westrick

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

## X-Ray – Lab 50

### Dr. Phil Martin can authorize access

The aforementioned user should be granted access to this laboratory an authorized user /trained user

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

Non-Chemistry users also require authorization by CIF Director, Dr. Judy Westrick

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

## Small Instruments – Lab 50 outer -

### Dr. Judy Westrick can authorize access

The aforementioned user should be granted access to this laboratory an authorized user /trained user

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

Please bring the completed form and your OneCard to Marty Krol (45 Chem),

Any questions contact CIF Director, Dr. Judy Westrick at [westrick@chem.wayne.edu](mailto:westrick@chem.wayne.edu), (313) 577-2579, or 71 Chemistry.