January 2021

**User Declaration Form**

**Induced pluripotent stem cell research laboratory (iPSC-Lab)**

**Center for Molecular Medicine Cologne**

User Details

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General lab rules

* **Maintain a tidy workspace.**
* **Book the sterile hoods in the online calendar in advance and strictly adhere with your booked time slots.**
* **Use your own consumables only.**
* **Be courteous to other users.**
* **Attend the iPSC-Lab meetings.**
* **Adhere to the cleaning schedule.**
* **Report any broken equipment, accidents, and injuries to the facility staff.**
* **Always follow the instructions given by CMMC administration.**
* **Access is granted only after S1/S2-instruction (to be repeated annually).**

I hereby confirm that I have read, understood, and accepted the User Guidelines and General Lab Rules of the CMMC iPSC-Lab.

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