

# USER AGREEMENT FORM

## EASTERN HILL PRECINCT



BIOLOGICAL  
OPTICAL  
MICROSCOPY  
PLATFORM

**TERMS & CONDITIONS:** Please read the below terms and conditions and complete the relevant user agreement form at the back of this document.

### Instrument Training

- 1) Only platform staff are to train researchers to use BOMP instruments
- 2) Researchers will be provided with training documentation and are required to complete an online competency assessment before they can book in a face-to-face training session
- 3) Face-to-Face training usually consists of a two-hour induction. Platform staff retain the right to require researchers to undergo further training if deemed necessary.

### Equipment Usage and After Hours Usage

- 1) Each node has its own local rules regarding access and after hours use. Please refer to the training files provided.
- 2) Researchers are to abide to local EHS rules at all times. Please consult the relevant training files, SOP & RA.
- 3) Approval for facility use will be withdrawn in the event of serious neglect or damage of equipment, inappropriate use of equipment, neglect of EHS procedures, or allowing unauthorised persons access to the Unit.
- 4) Any damage to a microscope resulting from misuse or operator error will be charged back to the research group to which the researcher belongs
- 5) Access cards must never be handed on to a third party.

### Data Management Policy

- 1) Images and data obtained on BOMP instruments remain the property of the researcher who acquired the data.
- 2) The researcher is responsible for the archiving of these files. We suggest that this is performed immediately at the end of your session. Please allocate time for this within your booking.
- 3) Under no circumstances are Unit staff responsible for any lost data.

### Publication/Authorship Policy

- 1) The platform should be acknowledged in any research output (e.g. publication, presentation & poster) that arises from data generated on BOMP instruments.
- 2) Assisted use sessions are performed on a collaborative basis. Any publications that include data produced via assisted use sessions should include the relevant platform staff as a co-author.
- 3) Platform staff should be considered for co-authorship if they have contributed significant technical, scientific or intellectual input to a study.
- 4) Researchers **MUST** notify the platform of any research output (e.g. publications, presentations & posters) that arise from use of BOMP instruments

### Facility Staff

Role	Name	Email	Mobile	Phone
Manager	Dr. Paul McMillan	mpj@unimelb.edu.au	0400 975 760	9035 3021
Applications Specialist	Dr. Ellie Cho	hcho@unimelb.edu.au	0421 730 710	9035 5811
Support Officer	Dr. Gabriela Segal	segalg@unimelb.edu.au	0402 476 551	8344 6413
General Enquiries	bomp-enquiries@unimelb.edu.au			9035 3021

# USER AGREEMENT FORM

## UNIVERSITY OF MELBOURNE



## BIOLOGICAL OPTICAL MICROSCOPY PLATFORM

I/we understand that charges will be incurred for the use of the Nikon A1R Confocal Microscope in the Clinical Sciences Building, St. Vincent's Hospital. The charges are shown below (correct as of 1<sup>st</sup> January 2017):

Grouping	Charge (\$/hr)
User Operated (Dept. of Medicine, St. Vincents Hospital)	30
User Operated (Dept. of Surgery, St. Vincents Hospital)	30
User Operated (Dept. of Surgery, Royal Victorian Eye and Ear Hospital)	30
User Operated (Dept. of Otolaryngology, Royal Victorian Eye and Ear)	30
Training/Assisted use	65

I/We agree to settle all accounts promptly and to abide by the Terms and Conditions.

<b>Lab Head (please print)</b>								
<b>Email</b>								
<b>Phone Number</b>								
<b>Department</b>								
<b>Designated Themis code</b>	<b>COM</b>	<b>BUD</b>	<b>CC</b>	<b>ACC</b>	<b>PRJ</b>	<b>LPC</b>	<b>ACT</b>	<b>LOC</b>
	01	xxxx	xx	7236	xxxxxxx	xxx	xx	xx
<b>Lab head signature</b>								
<b>Date</b>								

Personnel authorized under this agreement

Name	Email	Phone

# USER AGREEMENT FORM

## PARTNER INSTITUTIONS



BIOLOGICAL  
OPTICAL  
MICROSCOPY  
PLATFORM

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Grouping	Charge (\$/hr)
User Operated (St. Vincent's Institute)	30
User Operated (St. Vincent's Hospital Immunology Research Centre)	30
User Operated (Dept. of Clinical Neurosciences, St. Vincent's Hospital)	30
User Operated (O'Brien Institute)	30
User Operated (Bionics Institute)	30
User Operated (Centre for Eye Research Australia)	30
Training/Assisted use	65

I/We agree to settle all accounts promptly and to abide by the Terms and Conditions.

<b>Lab Head (please print)</b>	
<b>Email</b>	
<b>Phone number</b>	
<b>Department</b>	
<b>Institution</b>	
<b>ABN number</b>	
<b>Purchase Order Number</b>	
<b>Invoice address</b>	
<b>Lab head signature</b>	
<b>Date</b>	

Personnel authorized under this agreement

Name	Email	Phone

# USER AGREEMENT FORM

## EXTERNAL RESEARCHERS



BIOLOGICAL  
OPTICAL  
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Grouping	Charge (\$/hr)
User Operated (External)	50
Training/Assisted use	65

I/We agree to settle all accounts promptly and to abide the terms and conditions.

<b>Lab Head (please print)</b>	
<b>Email</b>	
<b>Phone number</b>	
<b>Department</b>	
<b>Institution</b>	
<b>ABN number</b>	
<b>Purchase Order Number</b>	
<b>Invoice address</b>	
<b>Lab head signature</b>	
<b>Date</b>	

Personnel authorized under this agreement

Name	Email	Phone