

UNIVERSITY OF HOUSTON

BD LSRFortessa X-20 Flow Cytometer Usage Agreement Form

Principal Investigator: _____ Department: _____

Trainee: _____ Phone: _____

Future Authorized User Responsibilities (Write your initials for each statement):

- _____ I have received proper training from Dr. Jiakai Hou and understand how to safely and effectively operate the machine.
- _____ I agree to complete one supervised experiment under Dr. Hou's guidance after passing the qualification test.
- _____ I have read and understand the instruction and Standard Operating Procedures (SOP) for booking, starting, operating, and shutting down the machine.
- _____ I will verify that there is sufficient sheath fluid before using the machine.
- _____ I will check the waste tank and empty it if full prior to use.
- _____ I will report any malfunctions or concerns to at least one point of contact.
- _____ I will immediately report any malfunctions, clogs, or concerns to at least one designated point of contact.
- _____ I will and notify the designated contact if it fails or passes with a "Requires Attention" status of CST (Cytometer Setup & Tracking).
- _____ If I cancel a last-minute booking, I will either shut it down myself or notify a point of contact for assistance.
- _____ I will only use the machine during standard operational hours: Monday–Friday, 8:30 AM – 5:30 PM, unless otherwise authorized.
- _____ After-hours and weekend use is limited to experienced users and requires prior approval by Dr. Weiyi Peng (wpeng2@central.uh.edu).
- _____ My Principal Investigator (PI) is aware of the billing policy and agrees to pay any invoices in a timely manner.

By signing below, I agree to follow all the rules and procedures listed above and understand that failure to comply may result in suspension or revocation of instrument access.

Points of Contact:

Dr. Weiyi Peng
wpeng2@central.uh.edu
(832) 539-9059

Dr. Jiakai Hou
jhou21@central.uh.edu
(832) 946-8402

Trainee Signature

Date

Principal Investigator Signature

Date