

## ACKNOWLEDGEMENT OF USER RESPONSIBILITIES

I, \_\_\_\_\_, as Primary Investigator, authorize the following members of my laboratory to utilize the facilities and services of the UTHSCSA Center for Macromolecular Interactions (CMMI). I understand that cost of services rendered will be deducted from the provided Project ID(s) via IDT. CMMI is to be notified in writing of any changes to the status of laboratory users and/or PID to be charged.

Name	Title	PID	End Date of PID

*In all publications generated from data collected through use of the Core, I will acknowledge the Core as follows:*

*Support for the UTHSCSA Center for Macromolecular Interactions core from the UTHSCSA ERC and Cancer Center (5P30CA5174) is acknowledged.*

*I will submit copies of all publications generated from work performed in the Core to CMMI.*

*I will submit information on all submitted grants that contain progress report data and/or preliminary results data collected in the Core to CMMI. Specifically requested are the title, granting agency, first year direct and total costs, and total direct and indirect costs for the funding period, and funding status.*

*I assume financial responsibility if either I, or an authorized member of my laboratory, damages the Core and/or its property in any way due to negligence.*

*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*Please circle all affiliations that apply.*

UTHSCSA	UTSA	VA	CTRC	Trinity	SWRI
SWFBR	SACI	NSAC	STBC	IBT	GCRC
RIC	CCRI	SALSI	STCBM	Other Center (Please Specify)	Other Institution (Please Specify)

