

MIT LASER BIOMEDICAL RESEARCH CENTER

Research Project Application

(PLEASE TYPE)

Date: _____

Project Number (To Be Assigned)

Project Title: _____

Senior Research Applicant: _____

Title: _____

Department: _____

Institution: _____

Telephone Number: _____ Fax Number: _____

Does the proposed research or a related project have existing support. If so, give source of agency and grant number.

Names and addresses, titles and affiliations of all other personnel associated with this project:

Please describe your proposed experiment on a separate sheet and include with this application the curriculum vitae of the Senior Research Applicant and any other co-workers who will serve in supervisory roles.

Facilities you will need:

Lasers:

Support equipment:

Any special assistance?

Date you would like to start: _____

Additional remarks

Does project entail use of a toxic or hazardous chemical or substance? Yes ☐ No ☐

If yes please supply details.

AGREEMENT We as representatives of _____

Company or Institution

have read the **LBRC Facilities Guidelines** and the **MIT Spectroscopy Laboratory Safety Guide** and agree to all the conditions for use of the facilities. We further agree to waive all claims for personal injury, property damage or of any other nature resulting from work performed at the LBRC.

Senior Research Applicant

Authorized Administrative Officer

Signature

Signature

Title

Date

Title

Date