**WAIVER & DISCLAIMER FOR PROTEOMICS RESOURCE FACILITY**

**WAIVER**

The Proteomics Resource Facility (PRF) is a component of the Division of Translational Research in the Department of Pathology at the University of Michigan. The PRF is available for usage by both internal and external researchers for qualitative/quantitative proteomic analysis using mass spectrometry. The user of this facility affirms that the samples provided to the PRF for evaluation are in compliance with all regulations regarding sample procurement and other standards set forth by the University of Michigan, including, but not limited to, IRB and IACUC regulations. The user will not hold the PRF or any of its personnel responsible for failure to meet these established criteria. The user affirms that neither radioactive nor infectious materials will be introduced into the PRF. By signing this Waiver, the user also accepts the disclaimers below.

 **DISCLAIMER**

* No studies beyond those specifically requested and/or authorized in writing by the user will be conducted on the samples submitted. The PRF recognizes that this would be a violation of IRB Protocol, as well as a breach of faith between the user and the PRF.
* Data obtained on samples submitted by the user will be released only to the user. Data files may be purged from PRF computers after six months and no records will be maintained for more than one year.
* The PRF will make every reasonable attempt to protect the confidentiality of submitted and generated information, including use of the institution’s internet firewall, but cannot accept responsibility for breaches of security caused by criminal activity. If the user wishes, information on specific samples can be purged within one working day after transfer to the user.
* The PRF will assert no proprietary claim on data generated from samples provided by the user.
* Excess sample Material will be destroyed within one week of analysis unless claimed by the user in person at the PRF or by submitting a prepaid shipping label.
* All services offered are intended for research purposes only.

Name of User *(Please type or print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

User’s Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User’s Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_