

TissueFAXS Microscope

AUTHENTICATION RECORD

APPLICANT PROFILE

NAME:		DATE:	
DEPARTMENT:		TEL. NUMBER:	
EMAIL:		ADVISOR SIGNATURE:	

AUTHENTICATION PROCEDURE:

1. Complete the training courses.
2. Pass the written examination.
3. Accumulate 1-5 operating experiences.
4. Pass the operating test.
5. Present an authentication record and apply for authorization.

PLEASE FOLLOW THESE RULES:

1. To qualify for authentication: complete the training courses.
2. Please provide authentication within 1 year of completing the training courses.
3. Accumulate 1-5 operating experiences supervised by technicians or authorized operators of the instrument.
4. Charges apply during the accumulation of operational experiences and the operating test.
5. Please accept supervision until passing the operating test.
6. Operating the instrument without authorization or supervision shall result in a 1-month loss of operating authorization for all involved parties.

Authentication items	Date and time	Sig. of supervisor
Training courses		
Written examination		
Operating experiences		
Operating test		

Approbation of Core Facility Center _____