



## **Translational Biology and Engineering Program – User Agreement for Equipment Use**

### Contact Information

First Name:

Last Name:

Email:

Telephone:

Position (undergraduate student, graduate student, postdoctoral fellow, faculty, other):  
If other, please specify:

### Project

Project Description:

### Training

EHS Training:

- a. Is your EHS Biosafety training current and up-to-date:   yes       no
  
- b. Is your EHS WHMIS training current and up-to-date:   yes       no

NOTE: you will be required to provide proof of EHS course completion.

### Supervisor/Principal Investigator

First Name:

Last Name:

Email:

Telephone:

Institution:

Department:



**TED ROGERS CENTRE  
FOR HEART RESEARCH**

Translational Biology and Engineering Program

Billing Information

*UofT – provide fund information below*

*External – provide billing address below*

Finance/Business Officer Contact Name:

Finance/Business Officer Email:

Finance/Business Officer Telephone:

UofT

CFC:

CC:

Fund:

External

Billing Address:

User/PI Signatures:

User: I have read the TBEP MOU, and agree to abide by all policies:   yes       no

Signature:

Date:

PI: I have read TBEP MOU and fee schedule, and agree to pay all charges related to my usage of services at TBEP:   yes       no

Signature:

Date:

**Completed forms and proof of completion of EHS Biosafety and WHMIS training should be submitted to [admin.tbep@utoronto.ca](mailto:admin.tbep@utoronto.ca)**