### USER FORM

***To be filled, signed and delivered to SEMAT/UM***

**Name:**

**Occupation:**

**e- mail:**

**FCT research unit:**

**Department:**

**School / Faculty / Institute:**

**University:**

**Project:**

**Telephone:**     **Fax:**

|  |  |
| --- | --- |
| [ ]  Associate of SEMAT/UM or RNME[ ]  Others from the University of Minho[ ]  Other Universities/Institutes | [ ]  Industry[ ]  Protocol |
| **Type of analysis:**      |
| **Type of samples / substrates:**      |
| **Quantity of samples:**      |
| **Observations:**      |
| **Preferred dates for the analysis:** |

## Invoice information (to be filled by the user’s supervisor):

**Entity:**

**Supervisor:**

**Account information:**

**Account expiration date:**

**NIF/VAT registration number:**

**Full Address:**

**Postal code:**

**Telephone:**      **Fax:**      **e- mail:**

*I am aware and accept the terms of use of the semat/um Laboratory.*

**Date: / / Supervisor signature: \_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  / / | CL:  |  |