### 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: \_\_\_\_\_\_\_**

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