ACCESS REQUEST FORM

Please complete and return this form to: *ivif@chuv.ch*

First Name   :

Last Name   :

email   :

Unil user name   :

Institution   :

Department   :

Group Leader   :

Agreement

With my signature, I confirm the accuracy and completeness of the information provided above.

By completing and submitting this form, I accept the billing policy and the IVIF Rules&Guidelines for using the equipment provided by the IVIF platform.

Moreover, I understand that it is my responsibility (as a user and as a supervisor) to notify the IVIF of any changes in affiliation.

USER (Date, Signature)	GROUP LEADER (Date, Signature)