Dale Sheard Centre for Solutions in Women's Health
User Acknowledgment

Principal Investigators/Project Leads must complete prior to staff access to centre

Please check boxes below to confirm that you have been provided an orientation to operations, expectations and user fees related to the Research Centre.

☐ YES ☐ NO	User manual
☐ YES ☐ NO	Swipe cards/keys policy
☐ YES ☐ NO	Emergency preparedness training
☐ YES ☐ NO	Work alone and after-hours policies
☐ YES ☐ NO	User fee schedule for space and equipment

Sign-in required with each visit to the centre

I acknowledge that I have provided copies of operational approvals for this protocol and that I have reviewed the orientation materials for the Research Centre. I agree to follow the procedures documented as above. I further agree to ensure that my research personnel are familiar with the user manual and any other policies relevant to centre usage.

Date: _____

Name: _____

Signature: _____

Research Centre approval: _____

Date: _____