

**Application  
for the CF Metabolomics (CFM)  
in the Centre for Biological Systems Analysis (ZBSA)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Lab: \_\_\_\_\_ Profession: \_\_\_\_\_

Address (Lab): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Mass spectrometry/chromatography experience (check all that applies):

ESI-MS  EI-MS  HPLC  GC

What software running the mass spec was used?

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Preferred Mass spec usage (check all that applies):

SRM  SI-MS  HPLC-MS  GC-MS  Exact Mass  IR-MS

NMR  DAD  Gerstel-E.  Fluorescence  UV-single

*Comments / Short project description*

**Declaration for chemical and biological safety:**

Use of chemical/biological hazardous material: yes  no

If yes, what: \_\_\_\_\_

Use of chemical/biological hazardous material during the experiment: yes  no

If yes, what: \_\_\_\_\_

**Biological safety classification:**

The samples are biological harmless.  
**(Changes have to be indicated before the start of the work!)**

The samples we use belong to the safety group

S1  S2  risk group: \_\_\_\_\_

Donor: \_\_\_\_\_ Acceptor: \_\_\_\_\_

Vector: \_\_\_\_\_

Permanent culture  Primary culture  Living organism

Transfection: transient  stable

We have the following permission (registration no. / project / responsible person)

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I declare, that I have received a biological safety instruction in my home lab and will obey the CFM conditions and usage rules, which are attached in a short form to this document. The complete form can be downloaded at:

\_\_\_\_\_  
Date, signature of user

This information has to be collected to ensure that the research in the Metabolomics, which is part of the ZBSA, is in accordance with the "Gemeinnützigkeitsstatus" of the ZBSA. For further information please contact the ZBSA office (Dr. M. Heinrich ph. 203-97120).

The work conducted by

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Is part of the following project/s:

Project name/s (Projektbezeichnung/en)

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Funding agency, project number (DFG, BMBF, EU...):

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Funding period: \_\_\_\_\_

I declare the correctness of the above specifications stated in this document. I accept to pay the user fees according to the attached price list document and/or any payment agreement with the CF Metabolomics.

I declare that the project described in this document is in accordance with the "Gemeinnützigkeitsstatus" and the "Verwaltungs- und Betriebsordnung (VBO)" of the ZBSA.

I accept the intellectual properties on any data, pictures, information etc. generated by the CF Metabolomics remain with the respective members of the CFM. Payment of the user fees does not alter the necessity to acknowledge this work in publications appropriately.

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Date, signature of  
Project leader

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Stamp  
Name in block letters