MOLECULAR MEDICINE RESEARCH INSTITUTE

## **GUIDELINES FOR USE OF MMRI HPLCS**

- 1) Before first use of the equipment, the user must demonstrate knowledge of proper use and care of the HPLC and go through a short MMRI training.
- 2) HPLCs are shared equipment and therefore it is your responsibility to leave the HPLC in good condition after use. E.g. wash the system when done.
- 3) Reserve time on the HPLCs by using the calendars posted adjacent to the HPLC area. Enter Name, block of time you wish to use, and contact phone (e.g. cell phone).
- 4) At the end of the day or end of run, leave the system in "Standby" mode: lamp OFF, pump OFF, autosampler reset. Please see Jan Rydzewski for any questions/clarifications.
- 5) Affiliates must provide their own HPLC columns. Label them with your company name. If there is no label, we will assume that it belongs to MMRI. HPLC Users group will use the common HPLC column installed on each HPLC. MMRI will replace when needed and invoice the Users group.
- 6) Affiliates must provide their own HPLC solvents. Label them with your company name and what the solvents are. If there is no label, we will assume that it belongs to MMRI. If you are sharing with another Affiliate, please label as such. HPLC Users group will use the common HPLC solvents and TFA. MMRI will replenish when needed and invoice the Users group.
- 7) Affiliates are responsible for their own solvent and HPLC vial waste. From time-to-time MMRI will arrange a pickup up of hazardous waste, and the cost will be split according to the amount of waste generated by each Affiliate. Therefore, use you own hazmat-approved waste container, labeled with the hazmat label, our EPA number and address, contents, COMPANY, and fill start date. Any questions, please see Jan Rydzewski
- 8) Advise Jan Rydzewski of any problems/malfunctions ASAP. Do not try repairs on your own.
- 9) Please report any unauthorized use of the equipment to MMRI representative.

I have read and understood the above information and guidelines.

Print Company Name:	
Print Your Name:	
Signature:	Date: