



OMICS – Users Form

Please send back to FAX
+49 451 3101 2004 or internal mail:
IT-Service-Center, Haus 64

Please fill out in block letters

Project Name: _____

Note: By signing this form, the new user acknowledges and agrees to the following:

The data transferred to the OMICS-cluster doesn't contain any personal information that could potentially compromise the identity of the probands or patients. The user will be responsible for the backup of project data. The IT-Service-Center is not responsible for data loss. The project directories will be deleted by the IT-Service-Center 30 days after the project's end date.

Users to be added:

1st User

_____		_____
First Name		Last Name
_____		_____
E-Mail Address		Telephone Number
_____	_____	_____
Academic Title	Role in Project (leader, member)	Date and Signature (1 st User)

2nd User

_____		_____
First Name		Last Name
_____		_____
E-Mail Address		Telephone Number
_____	_____	_____
Academic Title	Role in Project (leader, member)	Date and Signature (2 nd User)

3rd User

_____		_____
First Name		Last Name
_____		_____
E-Mail Address		Telephone Number
_____	_____	_____
Academic Title	Role in Project (leader, member)	Date and Signature (3 rd User)

Date, Signature and Stamp (Project Leader)

To be filled by IT-Service-Center. Leave this area blank!

Nutzer angelegt am: _____
Nutzer angelegt von: _____