



A · A · C
Genomics
Facility

Science Complex Rm 1401, University of Guelph
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Acuity 4.0 Registration Form

Name: _____ Ext. _____ Date: _____

By signing this form, you agree that your lab will be responsible for the safe-keeping of the Acuity Key during the time you have signed it out. If the Key is lost, you will be responsible for purchasing a new Acuity 4.0 license at your expense (which is more than US \$5000).

Signature (required): _____

Approved by: _____ Ext. _____

Billing Information GL Coding (26 digits)

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)
				64251

Date of registration: _____

Acuity 4.0 dongle key sign out log:

Date	Time the Key is signed-out	Time Key is returned	User's Signature	Facility Signature



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