Microscope Training/Assisted Imaging Request
CGRB Cores - Microscopy, ALS 2070/ALS 3131, Center for Genome Research and Biocomputing, OSU

Applicant Name:
ONID Username:
Phone:
Email:
Office/Lab Address:
Check applicable: □ Undergrad, □ Grad Student, □ Post Doc, □ Research Professor, □ Visitor, □ PI
Principal Investigator:
Department:
PI Phone:
PI Email:
Requested Instrument: ☐ LSM 780 NLO Confocal, ☐ Axiovert 200M
I approve Training and subsequent hourly imaging sessions
I approve Assisted Sessions for hours (1hr minimum)
I have read the Grant Acknowledgment Statement below.
Index or PO to Bill Training/Assisted Session To:
Funding Information
Grant Title:
Agency:
Grant Number: Period of Performance:
Grant Acknowledgement The CGRB is currently able to provide equipment usage and services to OSU researchers as a result of generous funding provided by NSF for the Zeiss LSM 780 NLO Confocal Microscope System. In light of ubiquitous ubiquitous budget cuts and the increased competition for funding, the Facility needs to effectively demonstrate their
contributions to user research. In order to do this, we appreciate the commitment of Facility users to conscientiously and accurately cite CGRB Microscopy Facility use in all relevant publications. For more examples see our web page for citations,
"This publication was made possible in part by award number 1337774 from the National Science Foundation, MRI: Acquisition of Confocal and Two-Photon Excitation Microscope. The authors wish to acknowledge the Confocal Microscopy Facility of the Center for Genome Research and Biocomputing at Oregon State University."
Principal Investigator:
Signature Date I agree to have well prepared samples ready for the training or assisted session.
Applicant:
Signature Date
Required Reading prior to training: □ Read our Microscope Usage and Instrument Care policy, available on our web site
☐ Read additional Material on web pages relevant to LSM 780 NLO confocal or Axiovision 200M http://cgrb.oregonstate.edu/core/microscopy-imaging

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Microscope Training/Assisted Imaging Request CGRB Cores - Microscopy, ALS 2070/ALS 3131, Center for Genome Research and Biocomputing, OSU Applicant Name: _____ **Describe Project** Brief Description of Project and Description of imaging goal you hope to achieve with confocal, multiphoton, laser capture or other microscopy. What type of cells/organism will you be imaging?______ ATCC number for cells if available (http://www.atcc.org/) Are your samples □ Live, □ Fixed? If using live cells, are they certified biosafety level 1? ☐ Yes, ☐ No Please note that human cell lines are considered BSL2 by Oregon and it may not be possible to use live human cells in this facility. Will you need the physiological chamber to image live mammalian cells? □ Y, □ N, □ N/A Are you infecting the cells with fungus/virus/bacterium/prion/biological toxin or agent that could pose a health issue? □ Y, □ N, describe Do you have Animal Care Use Policy (ACUP) on file for this technique? □ Y, □ N, □ N/A If yes, you must post relevant information on our door. List fluorophores Fluorophore Excitation Emission _____

Sessions are scheduled when this information is complete and we have received PI approval.

Are your samples ready to image? □ Y, □ N,

How soon will your project be ready? _____

When would you like to schedule session(s)?

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