

CQLS Microscope Training/Assisted Imaging Request ALS 2070

Applicant Name:

ONID Username: _____ **OSU ID Number:**

Phone: _____ **Email:** _____

Principal Investigator:

PI email:

Index or PO to Bill Training/Assisted Session To:

I would like _____ On the

I am a

Describe Project :

What type of cells/organism will you be imaging?

ATCC number for cells if available (<http://www.atcc.org/>)

Are your samples _____ If using live cells, are they certified biosafety level 1?

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?

Are you infecting the cells or tissues with fungus/virus/bacterium/prion/biological toxin or agent that could pose a health issue? _____ Describe below

Do you have an Animal Care Use Policy (ACUP) on file for this technique?

Post ACUP information on our door during project duration. ACUP info

Are your sample ready to image?

How soon will your project be ready?

When would you like to schedule sessions?

List Fluorophores, Excitation, Emission

Further Description of Project