

**PATTERSON MICROSCOPY CENTER**

**APPLICATION FOR USE OF THE CONFOCAL OR 2-PHOTON MICROSCOPE**

(Please complete & return this application to Wesley Thompson in Patterson 302)

**Name of individual who will use the microscope:** \_\_\_\_\_

(Please see note below about requirement for training; all individuals who use the microscope must be trained.)

**Name of PI:** \_\_\_\_\_

**Department of PI:** \_\_\_\_\_

**Name of project:** \_\_\_\_\_

**Account number to be charged for training and use:** \_\_\_\_\_

(Note fees are presently \$18 per hour for use and \$100 for training; these charges apply to every user; charges will be made monthly by interdepartmental transfer to the account you name; all individuals who use the microscope, without exception, must be trained and approved by the confocal trainer (W. Thompson) or 2P trainer (N. Priebe) before use is permitted.)

**A short description of the project:**

**Please estimate approximate monthly usage of microscope:** \_\_\_\_\_ (hours)

(Note that online scheduling of microscope time will be available 1 week in advance.)

**Does the project involve work with recombinant DNA, cultured cells, tissue explants, bacterial cultures, viruses, or select agents?** Y/N: \_\_\_\_\_

**Has this project been previously approved by the IBC or, if exempt, has the IBC been notified?** Y/N: \_\_\_\_\_ **At what biosafety level?** \_\_\_\_\_

**If the project has been approved, please give the IBC protocol number or note "exempt":**

\_\_\_\_\_ (If the project is non-exempt, we will be required to obtain approval from the Biosafety Officer of the university before we can approve use of the facility for your project).

**Please note below the elements in the project that are critical (eg. cultured cells, viral transfections, etc):**

**Does the project involve work with living animals or living animal tissue?** Y/N: \_\_\_\_\_

**This work must be approved by a representative of the IACUC before you will be allowed to use the facility. You might be required to submit and obtain approval of a modification to your present protocol.**

**Please note you will be required to update/renew this project every year.** By signing this application you are indicating that you assume responsibility for the payment of fees for use, that you have obtained all the necessary IBC and IACUC approvals and will keep these current, and that you will inform the Center of any changes that occur.

Signature (of PI): \_\_\_\_\_ Date: \_\_\_\_\_