



All users are required to provide project details (below) and complete the Compliance section (next page).

Project Title: .....

Name of User: ..... Supervisor/Lab Head: .....

*FOR NEW PROJECTS, complete at least 1-2.*  
*FOR ALL SUPER-RESOLUTION PROJECTS and COLLABORATIONS, complete 1-6. (500 words max.)*

1. **Project Description**

2. Background, including Biological & Technical aspects:

3. Current relevant results:

4. Required Imaging, Analysis or Publication materials (please also select imaging modalities on next page):

5. Expected time commitment available from researcher for this proposal (Hrs/week):

6. Desired project completion date:

Please return this completed form to the MMI-MHTP office and ensure you keep a copy for your own records.

**Use of Live Organisms/Cells**

Imaging live cells/organisms      *Details:* .....

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<b>GMO/OGTR Rating*</b>	<input type="checkbox"/> Exempt Dealings	Ref. ID No.	<input type="text"/>
	<input type="checkbox"/> Notifiable Low Risk Dealings (NLRD)		<input type="text"/>
	<input type="checkbox"/> Dealings Not Involving Intentional Release (DNIR)		<input type="text"/>
	<input type="checkbox"/> Dealings involving Intentional Release (DIR)		<input type="text"/>

**Imaging Modalities & Analysis**

<input type="checkbox"/> Widefield	<input type="checkbox"/> LightSheet	<input type="checkbox"/> Slide Scanning
<input type="checkbox"/> Confocal	<input type="checkbox"/> Multiphoton	<input type="checkbox"/> FLIM/FCS
<input type="checkbox"/> Super-resolution	<input type="checkbox"/> High Content/Screening	<input type="checkbox"/> Image Analysis/Processing/Informatics

Other/Specific requirements. *Brief details:* .....

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**OHS, Ethics and Compliance (\*via Monash/your Institute)**

<input type="checkbox"/> OHS training completed*	<input type="text"/>
<input type="checkbox"/> After Hours Access:	<input type="text"/>
<input type="checkbox"/> Animal Ethics completed for this project*	<input type="text"/>
<input type="checkbox"/> Are you working with toxins/poisons/harmful substances#	
<input type="checkbox"/> Allergies/Other medical condition# or human material#	



# Full details required. You are also requested to provide MSDS and Risk Assessment for any harmful substances involved. ....

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