**MICROSCOPY IMAGING FACILITY**

**IMAGING EXPERIMENTAL INFORMATION**

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| --- |
|  |
| **Name:**  | **Email:** |
| **Lab/ PI:**  | **Phone:** |
| **Dept:** | **Location:** |
| **Grant Details (Number, Title, etc.):** |
| **I am a:** | * Faculty
 | * Staff
 | * Post-Doc
 | * Grad. Student
 | * Others
 |
| **I am planning to do:** | * Fixed
 | * Live Animal
 | * TLD/ DIC
 | * FRAP
 | * FRET
 |
| * Live
 | * Ex Vivo/ Deep Tissue
 | * Super resolution STED
 |
| **How often are you planning use core microscopes?** |  |
| **Specimen:** | * Live
 | * Fixed
 |
| **Mounting Media:** |
| **Dyes [Include Ex/ Em]:** |
| **Project Description:** *(Please describe your goals and objectives with respect to imaging)* |
| **Special Equipment Needed:** |
| **Safety Courses Taken:** |
| **Biosafety Level Approval No.** (*if applicable*)**:****BRDC Approval #:****IRB Approval #:****IACUA Approval #:** |
| **Previous Experience with Microscopy/ Confocal/ Multiphoton:** *(Include courses which you have done relevant to microscopy)* |
| *Please fill out the form and return to Dr. Thomas Abraham at tabraham1@pennstatehealth.psu.edu* |