**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* | | | | | | | |