

## Aperio eSlide Manager Access Request Form

First Name:	_____	Last Name:	_____
Department:	_____	Title:	_____
Phone #:	_____	Email:	_____
PI First Name:	_____	PI Last Name:	_____
PI Phone #:	_____	PI Email:	_____
Applicant	_____	PI Campus	_____
Campus Key	_____	Key	_____

### Access Requested

Project name(s) and brief description (*if applicable*)

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*I certify that I have been trained and signed-off on the following digital imaging software system. Information provided on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information may result in the refusal of the privilege to access Aperio eSlide Manager system.*

eSlide Manager

ImageScope

WebScope

Applicant Name: \_\_\_\_\_  
(Print) (Signature) (Date)

**Note:**

1. User accounts will be deactivated after 6 months of inactivity.
2. Data stored in the image server will be deleted 6 months after captured. Please backup your data in storage equipment of your own accordingly.

### Authorization

PI Approval: \_\_\_\_\_  
(Print) (Signature) (Date)

Shared Resource Approval: \_\_\_\_\_  
(Print) (Signature) (Date)

**Submit completed forms to one of the authorized approvers:**

1. Zhijiu Zhong, MD, MS [Email: [Zhijiu.Zhong@jefferson.edu](mailto:Zhijiu.Zhong@jefferson.edu) Fax:215-503-4305]
2. Haifeng Yang, PhD [Email: [Haifeng.Yang@jefferson.edu](mailto:Haifeng.Yang@jefferson.edu) ]