

MSSM Microscopy Shared Research Facility User Authorization

Please select from the following services:

- | | |
|--|--|
| <input type="checkbox"/> Confocal Microscope | <input type="checkbox"/> Live Cell/Timelapse Imaging |
| <input type="checkbox"/> Multi-photon Microscope | <input type="checkbox"/> Electron Microscope |
| <input type="checkbox"/> Fluorescence Microscope | <input type="checkbox"/> Image Analysis |
| <input type="checkbox"/> Brightfield Microscope | |

Principal Investigator's Name:

Department:

Title:

Box Number:

Life Number:

Persons Authorized to Use Facility:

Telephone:

Email:

Fund Number:

Expiration Date:

Principal Investigator's Signature:

Date: _____

Return to: Microscopy SRF, Annenberg 18-250, Box 1603