Application for Use of UMD Imaging Incubator Microscopes

|  |  |
| --- | --- |
| Today’s Date: |  |
| First Name: |  |
| Last Name: |  |
| UID#: |  |
| Email Address: |  |
| Your Status: | Faculty/Post-Doc/Graduate/Undergraduate Student |
| Your Dept. Affiliation: |  |
| Your Building: |  |
| Your Lab Room Number: |  |
| Your Phone Number: |  |
| Your Lab Head/PI: |  |
| Google Calendar Address: |  |

Please complete the following questionnaire in detail:

1. Please provide a FRS/KFS# for training and use of the microscopes: \_\_\_\_\_\_
2. Have you used a fluorescence microscope before? If yes, please describe your experience:
3. Have you used a spinning disk, AFM, or lightsheet microscope before? If yes, please describe your experience. Include the make and model of the microscope you used.
4. Which microscope do you need to use? (PerkinElmer spinning disk, JPK NanoWizard 4a AFM, or ASI diSPIM lightsheet). If you aren’t sure, send an email to Stephan Brenowitz (sb17@umd.edu).
5. Describe your research project and why you require the use of the microscope:
6. Do you want the director to operate the microscope for you? Or do you want to be trained to operate the microscope independently?
7. How soon do you require training? Users are highly encouraged to have a sample ready for the training session.
8. At any time, will you be working with **live** biological agents/organisms (including bacterial, viral, fungal, human/non-human primate) or toxins?
	1. Yes or no?
	2. If yes, please describe the agent:
	3. Is the agent a BSL-1 or BSL-2?
	4. Please note: human and non-human primate cell lines are considered BSL2. Any work involving recombinant or synthetic genomic material, infectious agents, or animals with rDNA will require registration and approval of the Institutional Biosafety Committee (IBC). If you are working with any of these agents, you must provide a protocol (including safe containment and cleanup procedures for the agent) and an IBC approval letter prior to scheduling your training appointment. Please note: even if you have an approved IBC protocol, you may need to amend and re-submit it for use in the Imaging Core, particularly if you are bringing samples from another building. Please attach the protocol and approval letter to this document, or email to Amy Beaven separately.

The following section is for internal use only (do not complete this part of the application)

**Room/Building Security Access/Reflectors/Calendar:**

|  |  |
| --- | --- |
|  | Date Access Requested |
| B0118 PSC Card Key Access |  |
| B0118 PSC KeyWatcher Access |  |
| CMNS-Imaging Reflector |  |
| Google Calendar Access |  |
| BSL-2 Protocol on file? |  |