

**CBN Imaging Core**

**User Qualification Form**

Zeiss LSM800 (B322a)\_\_\_\_\_ GE INCell 6000 (B322)\_\_\_\_\_

(Please check instruments you are planning to use and email completed form with a cc to the PI)

User's Name: \_\_\_\_\_

Tel : \_\_\_\_\_ Email: \_\_\_\_\_

P.I.'s Name: \_\_\_\_\_

Tel : \_\_\_\_\_ Email: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Brief description of imaging experiments: \_\_\_\_\_

\_\_\_\_\_

Experience with Fluorescence Microscopy: \_\_\_\_\_

\_\_\_\_\_

Please email to:

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