



Request for Access – London Regional Microscopy Facility VITAL & Confocal Imaging Cores

Please complete this form, scan it and email to the Facility Manager at lrnf@robarts.ca or drop off at 3279. An appointment will be arranged a few days for training if required. Room access permissions will be processed as soon as possible.

Note: if your lab does not have an account with the facility, your Supervisor will be required to complete the **Robarts London Regional Microscopy Facility Access and Biosafety Information Form**.

New User Access required for 3277, 3281 or 3260.

NOTE: Access to 3277 and 3281 is restricted to Grad Students, Postdocs and Staff/Researchers.

Booking of equipment will be permitted once training has been completed using the FBS system.

Principal Investigator			
Your Name		Position/Status	
Department		Room	
Building		Phone (cell or ext)	
Preferred e-mail			
UWO card #			
How long do you need access to the facility?			
Do you have access to the Robarts building?		Provide Orientation date:	
Have you used this facility before? If yes, indicate dates.			
Biosafety Certification Date		Lab Safety & Hazardous Waste Certification date	
Laser Training Certification Date		FIT test date (suggested for access to 3277)	
What type of cell or tissue sample do you use? Human: <input type="checkbox"/> Rodent: <input type="checkbox"/> Other _____		Are your samples: Cells <input type="checkbox"/> Tissue <input type="checkbox"/> Live Animal <input type="checkbox"/> Cells or Tissue: Fixed <input type="checkbox"/> Live <input type="checkbox"/> Are your samples considered BL2 <input type="checkbox"/> or BLI1 <input type="checkbox"/> Adenovirus/Lentivirus transfection Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you require access to any of the microscopes in 3281, 3277 or 3260? Yes No

Which room(s): _____

If no, describe your access requirements here (include sample BL2 information if applicable), sign on the next page and submit the form.

**Access to the Nano flow cytometer requires Biosafety, Lab Safety and Laser training certifications.
Access to 3277 and 3281 is restricted to graduate students and above. RRI3260 is BL1 samples only.**

Have you used any type of Fluorescence Microscope before:

Yes No

If Yes:

Conventional Fluorescence Microscopy ; Confocal Microscopy ; Other (specify)_____

Where and when did this use occur: _____

What training do you require (if you are using any of the microscopes in the facility):

- Introduction to Confocal Microscopy (mandatory for all confocal users: Olympus, NIKON, Leica SP5 or SP8)
- Wide field Microscopy (using the Leica TIRF system)
- Ratiometric Calcium Imaging using FURA-2 (using the Leica TIRF system)
- Super Resolution Imaging (using the Leica GSD system)

Other (please specify)_____

Do you require training in some special application? Yes (complete the box below) No

Tiling and or Z-stack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FRET	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spectral separation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photobleaching	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Live cell imaging (time series)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other, specify:		

Please list/describe all the dyes you are planning to image (ex GFP, Alexa Fluor 633, etc):

User Signature_____

User Name:_____

Date:_____

Facility Manager Signature_____

Facility Manager Name_____

Date Received by Facility Manager_____

Facility Orientation Date: _____