



Microscopy Facility Use Authorization

- Confocal Laser Scanning Microscope*
- Multi-photon Laser Scanning Microscope*
- Widefield / Fluorescence Microscope(s) *
- Microdissection system *
- Atomic Force Microscope

- Total Internal Reflection Fluorescence *
- Transmission Electron Microscope *
- Scanning Electron Microscope *
- Cryostat / Vibratome
- Fluorescence stereoscope

Principal Investigator's Name:

Title:

Telephone:

Banner Index Number:

Index Begin/End date:

Fiscal Administrator's Name:

Department and Box Number:

Persons Authorized to Use Facility:

_____ (print name)

_____ (print name)

_____ (print name)

_____ (print name)

_____ (print name)

I understand that by signing, I am responsible for applicable fees related to the use of any/all microscopy equipment. Fees will be applied for reserve time or lamp time whichever is greater.

Principal Investigator's Signature: _____

Return signed form to: Dept. Anatomy & Neurobiology, Box 980709

* authorized training session required prior to use of the instrument