



# VCU

VIRGINIA COMMONWEALTH UNIVERSITY

## Microscopy Facility

### Use Authorization

- Confocal Laser Scanning Microscope \*
- Multi-photon Laser Scanning Microscope \*
- Structured Illumination Microscope \*
- Widefield / Fluorescence Microscope(s) \*
- Fluorescence stereoscope \*
- TIRF microscope \*
- Transmission Electron Microscope \*
- Scanning Electron Microscope \*
- Cryostat / Vibratome \*

**Principal Investigator's Name:**

**Department and Box Number:**

\_\_\_\_\_  
(print)

**Title:**

**Persons Authorized to Use Facility:**

\_\_\_\_\_  
**Telephone:**

\_\_\_\_\_  
(print name)

**Banner Index Number:**

\_\_\_\_\_  
(print name)

**Index Begin/End date:**

\_\_\_\_\_  
(print name)

**Fiscal Administrator's 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: VCU Microscopy Facility  
Dept. Anatomy & Neurobiology, Box 980709**

\* authorized training session required prior to use of the instrument