

# VCU Microscopy Facility

## Use Authorization

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|--|---|
| <input type="checkbox"/> Confocal Laser Scanning Microscope*     | <input type="checkbox"/> Electron Microscopy services       |
| <input type="checkbox"/> Multi-photon Laser Scanning Microscope* | <input type="checkbox"/> Transmission Electron Microscope * |
| <input type="checkbox"/> Fluorescence Microscope *               | <input type="checkbox"/> Scanning Electron Microscope *     |
| <input type="checkbox"/> Image Analysis                          | <input type="checkbox"/> Fujix printer                      |

**Principal Investigator's Name:**

**Department and Box Number:**

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**Title:**

**Persons Authorized to Use Facility:**

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**Telephone:**

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**Fund Number:**

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**Term of Fund:**

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**Principal Investigator's Signature:** \_\_\_\_\_

**Return to: Scott Henderson, Ph.D., Dept. Anatomy & Neurobiology**

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