

 Universitätsklinikum Essen	Imaging Center Essen IMCES	
	Tel: 6042/6012 Imces-support@uk-essen.de	

Application form for the use of IMCES instruments (internal users).

Further information concerning instrumentation and registration can be found at:

<http://imces.uk-essen.de>

Personal Data:

Applicant details	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Surname:	
Forename:	
Date of birth:	
	<input type="checkbox"/> Universitätsklinikum Essen <input type="checkbox"/> Universität Duisburg-Essen
Institute/Clinic:	
Department:	
Room:	
Phone number:	
Email:	

Project leader Details*		<input type="checkbox"/> same as above
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	
Surname:		
Forename:		
	<input type="checkbox"/> Universitätsklinikum Essen <input type="checkbox"/> Universität Duisburg-Essen	
Institute/Clinic:		
Department:		
Room:		
Phone number:		
Email:		

* The person who pays for the training and instrument use.

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Registration Info for Light Microscopy Users:

Already registered with the scheduler booking system: yes no

If no please register first. Instructions can be found at:

<http://imces.uk-essen.de/en/home/imces-usage-guide-look-here-first/>

Project description (short):

Host / Specimen:
Graft/Vector/Pathogen/ structure of interest:
Aim of your Project:

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Instrument training / usage request for Light and Electron Microscopy (please indicate which instrument you would like training for. If unsure please leave blank until after consultation):

Leica TCS SP8 (MFZ room 3.031)*:

- WLL Confocal

 gSTED

 FLIM

Zeiss ELYRA PS.1 (MFZ room 3.032):

- PAL-M/STORM/TIRF

 SIM

 LSM 710 confocal
- Zeiss AxioObserver and Apotome live cell system (MFZ room 3.032)
- AMD EVOS fl Digital microscope (MFZ room 3.029)
- BD FACS Aria III cell sorter (MFZ room 3.029).
- Olympus BX51 upright (MFZ room 3.034)
- LaVision Biotech Ultramicroscope whole mount (MFZ room 3.034).
- Visualsonics Vevo 2100 ultrasound (MFZ room 3.034).
- Caliper Lumina II, luminescence/fluorescence (MFZ room 3.034)
- Other (i.e. lab equipment)

Leica TCS SP8 (ZMB room S05 V01 E67):

- Multi-Photon (MP)

 MP-FLIM

*Room access to instruments are in brackets (MFZ – Medizinisches Forschungszentrum, ZMB - Zentrum für Medizinische Biotechnologie)

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Chemical and biological safety:

Use of chemical or biological hazardous material: **yes** **no.**

If yes what: _____

Biological safety

The biological samples belong to the risk group: **no risk group**

Bio1 **Bio2**

S1 **S2**

If S2 is chosen; you have the following permission:

Aktenzeichen: _____

Anlagennummer.: _____

Full project Name: _____

Responsible person (Project leader): _____

_____, _____

Place, Date

Signature of Projectleader

If you do not have a registration number for S1 or S2 filled in, but crossed S1 or S2 above you can't start working in the IMCES. All live cell work with organisms is minimum S1/Bio1. No work with a safety level higher than S2 or Bio2 is possible.

If you wish to work at S2 or Bio2 an extension of the original project to include the IMCES facilities will first need to be applied for. This will be handled internally and may take some time, therefore please apply to work at the S2/Bio2 level early!

Working with living mice:

yes

no

If yes please download and fill out the IMCES/ZTL application form for mouse work:

<http://imces.uk-essen.de/en/home/imces-usage-guide-look-here-first/>

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User declaration:

I declare I have read and will comply with the IMCES conditions and usage rules:
<http://imces.uk-essen.de/en/home/imces-usage-guide-look-here-first/user-information-and-regulations/>

_____ , _____

Place, Date

Signature of applicant

Group leader declaration:

I have viewed and agree to the IMCES fees for training and instrument use:
<http://imces.uk-essen.de/en/home/prices/>

Haushalts-Kostenstelle (mandatory)**: _____

Drittmittel-Kostenstelle (optional)**: _____

_____ , _____

Place, Date

Signature of Director or group leader.

** Please note a **Haushalts-Kostenstelle** is **mandatory** for reference purposes. An alternative **Kostenstelle** (such as **Drittmittel**) can also be included **for billing** purposes.