Penn Medicine **⬢** The Children's Hospital *of* Philadelphia®
A pediatric healthcare network
Center for Dynamic Imaging of Nervous System Function

User Information Sheet

Name: _____

Department: _____   P.I.: _____

Campus Address: _____

Office Phone: _____   email: _____

Account # for billing: ___-____-_-_____-____-____-____(Penn)   _____-_____(CHOP)

	Approved Date	Staff Signature
2P User	_____	_____
Independent 2P User	_____	_____
Super 2P User	_____	_____
LSCM User	_____	_____
Independent LSCM User	_____	_____
Super LSCM User	_____	_____

	2P User	**Independent 2P User**	**Super 2P User**
business hour (9am-5pm), 5 days	✓	✓	✓
After business hour, weekends	not allowed	not allowed	✓
stuff support to run equipment	must have	when needed	not needed
Training & approved	✓	✓	✓
2P photolysis	not available	not available	not available

	LSCM User	**Independent LSCM User**	**Super LSCM User**
business hour (9am-5pm), 5 days	✓	✓	✓
After business hour, weekends	not allowed	not allowed	✓
stuff support to run equipment	must have	when needed	not needed
Training & approved	✓	✓	✓