



User Registration Form

Name: _____

Department: _____ P.I.: _____

Title/Position: _____

Campus Address: _____

Office Phone: _____ Email address: _____

Are you funded by NINDS? Yes ___ No ___ Grant # _____

Project title: _____

Account # for billing: - - - - - (Penn) - - - - - (CHOP)

Brief description of project:

For 2P microscopy application: why do you find 2P is necessary for this study?

Which instruments will you use?

2P (Stemmler) 2P (Abramson) LSCM (Stemmler)

For 2P users

Please list dyes to be used _____

Preferred 2P excitation wavelength (if known) _____

Emission wavelength (if known) _____

For LSCM users

Please check laser wavelengths required (check all that apply)

405 458 488 515 543 633

Please list dyes to be used _____



Center for Dynamic Imaging of Nervous System Function

Does your project involve imaging living cells, tissues, or organism? Yes ____ No ____

If yes, do they require a specific temperature during imaging? Yes ____ No ____

If yes, do they require a perfusion setup? Yes ____ No ____

If yes, do they require O₂/CO₂ (95%/5%) gas? Yes ____ No ____

Do the samples contain any hazardous or infectious agents? Yes ____ No ____

If yes, please describe _____

Do the samples contain a known human pathogen? Yes ____ No ____

If yes, please describe _____

Faculty Approval

The above individual will be working under my supervision on the project. I certified that the account numbers listed are active and valid, and that all charges for orientation/user training and use of the instruments will be withdrawn from the said accounts. This authorization is only for the work on the above named user project.

User Signature: _____

Date: _____

P.I. Signature: _____

Date: _____

Center Approval for Project to Commence

Imaging Core Director Signature: _____

Date: _____