



FUNCTIONAL IMAGING LABORATORY

CONFOCAL MICROSCOPE USAGE REQUEST FORM

***Customer:** :

***Institute:** :

***Date:** :

Sample:

***Name:**

***Organism:**.....

***Number of samples:**.....

Confocal microscope planned to use:

- **LSM 510 META (upright microscope)
- **LSM 510 LIVE (ultra-fast confocal microscope)
- **LSM 880 with AiryScan (super resolution microscope)

****Sample type (please underline):**

- living sample
- fixed sample

In case of living sample (please underline):

- cell culture
- isolated single cells
- tissue
- Other:.....

In case of living sample external solution and temperature:

- Volume:
- Name (composition):.....
- **Continuous solution exchange needed: yes no
- **Temperature: room temperature cooling to C° heating to C°



***Dye or staining:**

- Dye(s) name:
- Antibody(s) name:

Extra experiment:

- Patch Clamp experiment

Requested service (please underline):

- **usage of device alone
- **usage of device with expert
- **data analysis

The fate of sample after analysis (please underline your choice):

**Can be thrown away

**Get back to the costumer

***Is the sample biohazard?**

YES

NO

***Results** to be sent via electronic mail to the.....@..... email address!

I accept the Conditions of Use.

Signature:

* mandatory field

**one option should be chosen