

IMAGING CORE FACILITY (PTIBC) SERVICE REQUEST FORM

The purpose of this form is to enable us to identify your needs so that we can establish a service offer that is adapted to your request.

Contact information

Name, Firstname:

Email:

Phone:

Address:

ZipCode:

City:

Laboratory:

Country:

Name, Firstname of the PI (if different from contact person):

If the paying agency is different from the laboratory, please provide details:

Project

Title of the project:

Acronyme:

Name, Firstname of the scientific coordinator of the project:

Involvement of the Imaging Core Facility:

Collaborative Mode (members pricing)*

* The collaborative mode implies that the person(s) of the facility involved in the project is co-author(s) of the publication(s) or communication(s) using the results generated on the facility.

Academia Mode

Industry

Requested service

Custom services:

Number of samples:

Organism / Species:

Requested service:

Custom training modules:	1	2	3	4	5	6	7
	8	9	10	11	12	13	14

The descriptions of the training modules are available at the following address: <https://umsibslor.univ-lorraine.fr/en/facility/imaging>

Autonomous use after initial training:

Confocal Laser Scanning Microscopy (SP5 X-SP8)

Multiphoton Microscopy (SP5 CFS-SP8)

CARS Microscopy (SP8 CARS-SP2 CARS)

Fluorescence Lifetime Imaging Macroscopy (SP5 CFS FLIM)

Epi-fluorescence Macroscopy

Lifetime Imaging Microscopy (SP5 X-SP8)

CARS Macroscopy (SP5 CFS CARS)

Image data analysis :

Yes

No

Additional information:

PI

Name:

Date:

Signature

The user

Name:

Date:

Signature