

## Registration form for the core facility "MPBIC"

In order to book and use equipment of the MPBIC, the following form must be filled out, signed and returned to the service unit.

User:

Institute, address:

Telephone number, email:

Principal investigator:

Address of PI:

Telephone number:

Email:

Head of institute/clinical department:

Title of study:

Study abbreviation (Studienkürzel):

Planned methods (FACS analysis, FACS sorting, microscopy, live cell imaging, image analysis):

Scope of the project (please describe the intended use of the results):

Biosafety level of the planned study:

Short description and aim of the project:

Projected measuring hours:

Planned start date:

I have read, understood and am accepting the user guidelines of the MPBIC:

Date

Signature of user

Signature of PI