

New User Enrollment Form <https://www.upstate.edu/neuroscience-department/research/confocal.php>

Enrollment Instructions: **1)** Complete form. **2)** Part D is signed by the user and Part E must be signed by the Principal Investigator. **3)** To schedule training, email NRBequip@upstate.edu (Bring this form on the day of your training). **4)** After you receive Basic Training, you will be granted **Supervised User status** allowing **Web Calendar reservation booking and Microscopy Software access**. **5)** After you pass Certification Testing you will be granted **Unsupervised User status** allowing **ID-card swipe 24/7 access**.

Part A: User Information

| Last Name | First Name | Upstate ID# | Campus address | Telephone | Email |
|-----------|------------|-------------|----------------|-----------|-------|
| | | | | | |

Lab location: NRB IHP WH/WHA Hospital External _____

Primary Affiliation: Institution _____ Department _____
Faculty Res Fellow Postdoc Staff/Technician Student Volunteer/Temp

Part B: Request services

1. Request for Web Calendar account (personal account, User ID=Upstate email ID, Password=Upstate ID #)
Create New account I already have account Password reset needed

2. Request for Microscope access/training, select all required modes

Zeiss LSM 780 confocal live BSL2

Leica SP8 confocal live STED DLS (light sheet)

Part C: Previous Microscopy Experience (check all that apply)

None <1y 1-2y 2-5y 5-10y >10y Microscopy Course
Brightfield Phase Epifluorescence Widefield Confocal Superresolution
STED Light sheet Deconvolution

Microscope Brand: Leica Nikon Olympus Zeiss Other _____

Software:

LAS X ZEN Nikon Elements Fiji/ImageJ Other _____

Sample prep/handling:

Histology stain Fixation Fluorescence ImmunoFluorescence Cell Transfection
Tissue sectioning Clearing Slide Petri dish Multiwell Plate Other _____

Part D: User Agreement

I have read the Rules of the Microscope Facility. ("Facility rules" at <https://www.upstate.edu/neuroscience-department/research/confocal.php>).

I agree to abide by these Rules and I understand that I will incur access revocation and financial penalties if I violate these Rules or if I damage any Facility equipment.

User's Signature

Date

Part E: Principal Investigator acknowledgement of funds available and agreement to pay quarterly invoices.

| PI Last Name | PI First Name | Department | Telephone | Email |
|--------------|---------------|------------|-----------|-------|
| | | | | |

PI Signature

Date