New User Enrollment Form [https://www.upstate.edu/neuroscience-department/research/confocal.php](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**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Upstate ID#</th>
<th>Campus address</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

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](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.

<table>
<thead>
<tr>
<th>PI Last Name</th>
<th>PI First Name</th>
<th>Department</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

PI Signature ___________________________  Date __________________