

Centro di Studi e Tecnologie Avanzate Center for Advanced Studies and Technology Optical Microscopy Service

Request for Access - New User

Please complete this form, save it and send it to the Facility Manager at simone.guarnieri@unich.it
Once your request has been submitted you will be contacted within a few days to arrange training.

	Principal Investigator:					
	Laboratory:					
	Principal Investigator e-mail:					
	Your Name:					
	Position:					
	Department:					
	e-mail:					
	Phone number:					
*Are you already registered with the CAST?: ☐ YES ☐ NO						
For	For how long do you need access to the Facility?					
Hav	e you used any type of Fluoresce	nce Micros	cope before	?		
	 NO □ Conventional Fluorescence Microscopy □ Confocal Microscopy □ Multiphoton Microscopy 					
Wh	ich equipment do you intend to ι	ise?				
	Conventional Fluorescence M	icroscopy		□ YES	□ NO	
	Conventional Fluorescence M Confocal M			□ YES □ YES	□ NO □ NO	
		icroscopy	I			
	Confocal M	icroscopy icroscopy ial applicati	I	□ YES	□ NO	
	Confocal M Multiphoton M you require training is some spec No Tiling and/or Z-stack FRAP Live cell Imaging (time series)	icroscopy icroscopy ial applicati	ion?	□ YES □ YES	□ NO □ NO	
Do 7	Confocal M Multiphoton M you require training is some spec No Tiling and/or Z-stack FRAP Live cell Imaging (time series) you require any special apparatus CO ₂ chamber	icroscopy icroscopy ial applicati	ion?	□ YES □ YES	□ NO □ NO (If YES please specify)	
Do 7	Confocal M Multiphoton M you require training is some spec No Tiling and/or Z-stack FRAP Live cell Imaging (time series) you require any special apparatus CO ₂ chamber Heated Stage	icroscopy icroscopy ial applicati	ion?	□ YES □ YES	□ NO □ NO (If YES please specify)	
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Do wh	Confocal M Multiphoton M you require training is some spec No Tiling and/or Z-stack FRAP Live cell Imaging (time series) you require any special apparatus CO ₂ chamber Heated Stage ich type of sample do you use? (e	icroscopy icroscopy ial applicati	ion? YES dherent cell	☐ YES ☐ YES ☐ NO Iine, tissue slice, ☐ Live	□ NO □ NO (If YES please specify) etc)	
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Your Sign _____