**Contact information**:

Dr Ileana Micu, Advanced Imaging CTU Manager: [I.Micu@qub.ac.uk](mailto:I.Micu@qub.ac.uk)

Mrs Andrena Millar, Advanced Imaging CTU Technician: [a.millar@qub.ac.uk](mailto:a.millar@qub.ac.uk)

Telephone: +44 (0)28 9097 6120 / QUB internal x 6120

**FACULTY ADVANCED IMAGING CTU- USER REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name:** |  |
| **Staff/Student number:** |  |
| **Position:** |  |
| **PI/Supervisor’s name:** |  |
| **Email:** |  |
| **Phone number:** |  |
| **Centre/Department:** |  |
| **School:** |  |
| **Project Name:** |  |
| **Project Code (for charging purposes) :** |  |

**Services requested description:** (training, microscope type, data analysis, etc.)

|  |
| --- |
|  |

**EXPECTED DURATION:**

|  |  |
| --- | --- |
| **START DATE :** | **END DATE:** |

|  |  |  |
| --- | --- | --- |
| **Will the work involve:** | **NO** | **YES** |
| **Live samples requiring containment level 1?** |  |  |
| **Live samples requiring containment level 2 (submit Biosafety form)?** |  |  |
| **Drugs or substances that require special disposal or protection (submit Biosafety form)?** |  |  |

***\*\*Training is required for all core users prior to independent use of microscopes\*\****

Price /hour for using the microscopes are listed in the table.



Commercial companies will be charged at x 2.5 existing rates plus VAT.

**NB: All grant proposals should be costed using the 2019 rates.**

Users are prohibited from training other users. Only staff in the Advanced Imaging\_CTU can train new users.

Users can cancel a booking by contacting our staff. Please give 24 hours notice. If users are more than 30 minutes late for a booking, they should contact the unit or the session will be cancelled and instrument time will be charged as normal.

**It is forbidden to eat or drink in the microscopy rooms.**

**I have attended(/will attend the next available) a laser safety course (L.I.M.I.T.S.) YES**

**I agree to abide by the rules and conditions governing the use of the Advanced Imaging CTU as outlined in the Induction workbook.**

|  |  |
| --- | --- |
| **Authorized user’s signature:** | **Date:** |
| **PI/Supervisor’s signature:** | **Date:** |

The completed and signed form should be forwarded to: Ileana Micu or Andrena Millar

FMHLS Advanced Imaging CTU, Queen’s University Belfast, Wellcome-Wolfson Building, 97 Lisburn Road, BELFAST BT9 7BL