



ADVANCED LIGHT MICROSCOPY CORE FACILITY
Application for use of the Core

Name, degree _____

Institution _____

Department _____

Address _____

Phone _____ Fax _____

Email _____ URL _____

Project title _____

Proposed or actual date(s) of visit _____

Is this your first visit to the Core _____

Grant funding source(s) _____

Grant number(s) _____

Principal and co-investigator(s) _____

Grant title(s): _____

If a new application, please write a concise description of the project and its significance, and why the Core is needed. If using the Core, please write a brief description of the work done and the significance of the preliminary results, including why the Core was valuable and any comments you may have about the Core and its staff.

Approval no. for use of human subjects (N/A if not used) _____

Approval no. for use of animals (N/A if not used) _____

Description of procedures for biohazard handling (N/A if not used):

Please provide 1 original reprints of any publication which includes results obtained using the Core. We must also ask you to acknowledge the Core on ALL such publications as follows: “The authors acknowledge use of the Wadsworth Center’s Advanced Light Microscopy Core Facility for the work presented herein.”

CORE staff use

Notes, comments, resulting publications:
