



The Lisa Muma Weitz Imaging Core Laboratory Account Form

(First time users submit this form prior to the use of instruments or service request.)

Principal Investigator: _____ Phone #: _____
 Campus Address: _____ e-mail: _____
 Institutional Affiliation: _____
 Account number to bill: _____ Expiration Date: _____
 Billing address: _____

For USF Internal Charges:

Operating Unit	Fund Code	Dept. ID	Product	Initiative	PC business unit	Project number

Non-member Users:
 Name: _____ Company/Institute: _____
 Street Address _____
 City, state ZIP _____
 Phone _____ e-mail _____

End users of the facility

Name: _____, Phone #: _____
 student staff faculty e-mail: _____

Training: Yes No

Training is required for self-use and users are allowed to use instruments after authorization.

Facility use:

<input type="checkbox"/> JEOL TEM	<input type="checkbox"/> JEOL TEM + Tomography
<input type="checkbox"/> JEOL SEM	<input type="checkbox"/> JEOL SEM + EDAX
<input type="checkbox"/> Leica SP2 Confocal Microscope	<input type="checkbox"/> Live Cell Chamber
<input type="checkbox"/> Olympus FV1000 MPE Microscope	<input type="checkbox"/> IR lasers
<input type="checkbox"/> Leica Fluorescence Microscope Stereologer	<input type="checkbox"/> Nikon Fluorescence Microscope Oncor system
<input type="checkbox"/> Arcturus XT LCM	<input type="checkbox"/> Critical Point Drier
<input type="checkbox"/> Full Service	<input type="checkbox"/> Sputter Coater
<input type="checkbox"/> Assistance	

***See the fee schedule for cost of instrument use, service, and supplies.**

P.I. Signature: _____ Date: _____

This authorization by P.I. is valid until _____ (mm/dd/yyyy)