

Equipment Training Research Goal

If you intend to learn the operation of instruments in the shared laboratories of the Photonics center, please provide the following information:

Name	
Date	
E-Mail	
Tel:	

Equipment upon which you would like to be trained:

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Faculty	
Faculty Signature	
Department/College	
Company Affiliated	

Degree Program	MS	PhD	Other (describe)	Intended Graduation Date

Research goal/ interest (please give brief description of your research, and describe what you intend to achieve your goal using the particular instrument of your interest).

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Note: Please notify and update the lab manager if your research goal, sample materials, and sample prep protocol has changed.

Details in nature of materials: What are the compositions? Any material toxic? Are they in layers? How thick are the layers? What are the sizes of features?...

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Details of how the samples were prepared and process involved.

Do you work with biological cells in your research? Yes _____ No _____

If yes, please provide detailed information below:

What type of cells?

Where are they from?

If purchased, please provide vender information.

1. The biosafety level of the cells: BSL0____, BSL1____, BSL2____

2. Are the cells deactivated (downgraded to BSL0 or BSL1) when brought to the Shared labs?

3. Please provide in details how the cells are being prepared prior to be brought into the Shared Labs, or provide protocol if prepared in an established BSL facility.
Note: The shared labs are in compliance for use of biological cells in BSL0 and BSL1