

Application



Brief description of work to be done:

Please check this box if you are planning to work with BSL-2 agents or other dangerous substances.

P.I. Name: _____ **Title:** _____

Institution: _____
Department: _____ **Phone:** _____

Address: _____ **FAX:** _____

E-mail: _____

User Name: _____ **Title:** _____

Institution: _____
Department: _____ **Phone:** _____

Address: _____ **FAX:** _____

E-mail: _____

Please, specify your affiliation: CNSI member Med. School. Other UCLA Commercial

Comments:

User Agreement

Welcome to the **EICN** facility! The purpose of **EICN** is to provide easy access to modern electron microscopy (EM) equipment and technology. Service at **EICN** is limited by personnel availability. Please be aware that EM involves hazardous materials and delicate instruments. If you plan to work at EICN with BSL-2 agents or any other dangerous substances, you must first obtain permission to work with such agents through the UCLA Environmental Health and Safety (www.ehs.ucla.edu/) and attach a copy of the approval to this agreement. Users must understand that EM technology may present a health risk if used improperly. All users must be appropriately trained and must understand their responsibilities. Users are responsible for damage to the equipment, contamination of the space, and all financial charges associated with using **EICN**. Admittance to persons other than **EICN** registered users is strictly prohibited at the **EICN** facility at any time. Initial training/consultation/instruction (up to 6 hours) for users is free. After the initial training, however, services associated with sample preparation, assistance with the microscope/equipment, consultation or other special needs will be charged as per the **EICN** charge schema available by request. Special rules may apply for collaborative projects. All materials used will be charged to the user. All supplies provided by **EICN** are for using within **EICN** and for **EICN** users only. Commercial rate will be applied to outside use of **EICN** propriety supplies (grids, carbon film, etc). Users are welcome to use their own EM supplies at **EICN** any time.

By signing this Agreement, I agree with all conditions mentioned above.

Date: _____, 200__

(*User's signature*)

Date: _____, 200__

(*PI's signature*)

For EICN staff use only

Training:

- | | | |
|--|--|--|
| <input type="checkbox"/> JEM1200EX | <input type="checkbox"/> CM120 <i>basic</i> | <input type="checkbox"/> CM120 <i>tomo</i> |
| <input type="checkbox"/> CM120 <i>cryo</i> | <input type="checkbox"/> Cryo-holder | <input type="checkbox"/> TF20 <i>basic</i> |
| <input type="checkbox"/> TF20 <i>tomo</i> | <input type="checkbox"/> TF20 <i>cryo</i> | <input type="checkbox"/> Titan TEM <i>basic</i> |
| <input type="checkbox"/> STEM | <input type="checkbox"/> STEM EDX | <input type="checkbox"/> Titan S/TEM <i>diff</i> |
| <input type="checkbox"/> Krios <i>basic</i> | <input type="checkbox"/> Krios <i>cryo</i> | <input type="checkbox"/> Krios <i>GIF</i> |
| <input type="checkbox"/> Krios <i>Tomography</i> | <input type="checkbox"/> UCT <i>basic</i> | <input type="checkbox"/> UC6 <i>cryo</i> |
| <input type="checkbox"/> Knives <i>prep.</i> | <input type="checkbox"/> Plastic <i>embed.</i> | <input type="checkbox"/> Grids <i>prep.</i> |
| <input type="checkbox"/> DV502A | <input type="checkbox"/> BTT-IV <i>thermal</i> | <input type="checkbox"/> BTT-IV <i>sputter</i> |
| <input type="checkbox"/> Vitrobot | <input type="checkbox"/> Cryo-holder | <input type="checkbox"/> Manual <i>Plunger</i> |

other: _____

Access to the Rooms: B-146 B-140 B-122 B-220

Training course completed _____, 200__

(*Instructor's signature*)