



**CONFOCAL MICROSCOPE ACCESS REQUEST FORM**

**PART I: User Information (please print)**

Name:
Lab (PI):
Phone:
E-mail:
Lab Location:
Describe your experience with microscopy, particularly confocal:
Provide a brief description of the purpose for which you will use the confocal microscope:

**PART II: Cancer Center access (please print)**

**Resident of CCRB:**                       **New Request:**   
**Non-resident CCRB:**                       **Update / change access:**

Date:	UCARD#: begins with 600953
Title:	Empl ID:
Faculty or Administrative Supervisor:	

Ucard Access:                                      Other: Room 506 CCRB

\* Is access required after 6pm and weekends (check):

Hazardous Chemical Waste Training                      Date: \_\_\_\_\_

Anyone working in any capacity in the lab areas (including non-research staff) must provide documentation (<one year old) of Hazardous Chemical Waste Training ([www.dehs.umn.edu](http://www.dehs.umn.edu))

*RETURN COMPLETED FORM TO MARGARET RAMNARAINÉ.                      322 CR, 470 CCRB or MMC 806.*

<i>Approved Signature: [confocal manager]</i>	<i>Date:</i>
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*Approved:*

<i>Signature: [Cancer Center]</i>	<i>Date:</i>
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