

## Bio-Imaging Platform Request Form

Name:	<b>University</b> <input type="checkbox"/> Academic Staff <input type="checkbox"/> Technical Staff <input type="checkbox"/> Student Student No: <input type="checkbox"/> <b>Company</b>
Supervisor Name (If Applicable):	School/Unit / Company Name:
Email:	
Telephone:	Requested Date:
Sample types:	<input type="checkbox"/> Culture cells <input type="checkbox"/> Tissue sections <input type="checkbox"/> Other: <input type="checkbox"/> Provided by user <input type="checkbox"/> Preparation with help of BRIMS staff
Sample Information:	Name: Origin: Concentration: Total Sample Volume: Storage Temperature: <input type="checkbox"/> Room Temp <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
Need of training: (Relevant only to Training and Research Collaboration option)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  No. of Persons:
Duration of Usage /Length of study / Experiment:	Frequency of usage:

**Service Packages required: Please cross (X) one of the following boxes**

- Research Collaboration                       Services Collaboration (With Animal Model)  
 Services Collaboration (Without Animal Model)     Training and Research Collaboration

**Type of instrument and software required: Please cross (X) one the following boxes**

- |  |   |
|--|---|
| <input type="checkbox"/> Upright microscope (bright field)       | <input type="checkbox"/> Inverted microscope (bright field)           |
| <input type="checkbox"/> Upright microscope (fluorescent)        | <input type="checkbox"/> Inverted microscope (fluorescent)            |
| <input type="checkbox"/> Confocal laser microscope (488nm laser) | <input type="checkbox"/> Live cell imaging                            |
| <input type="checkbox"/> Digital slide scanner (bright field)    | <input type="checkbox"/> Laser capture microdissection (bright field) |
| <input type="checkbox"/> Digital slide scanner (fluorescent)     | <input type="checkbox"/> Laser capture microdissection (fluorescent)  |
| <input type="checkbox"/> Stereoscopic microscope                 | <input type="checkbox"/> Micropipette Puller                          |
| <input type="checkbox"/> Cryostat                                | <input type="checkbox"/> Vibratome                                    |
| <input type="checkbox"/> Multi-Photon Microscope                 | <input type="checkbox"/> Microtome                                    |

**Types of TECHNIQUES required: Please cross (X) one the following boxes**

- |   |   |
|---|---|
| <input type="checkbox"/> Normal histology (i.e. H/E staining)   | <input type="checkbox"/> Immunohistochemistry/cytochemistry             |
| <input type="checkbox"/> In-situ hybridization                  | <input type="checkbox"/> Fluorescent in situ hybridization              |
| <input type="checkbox"/> Laser capture micro dissection         | <input type="checkbox"/> Fluorescent immunohistochemistry/cytochemistry |
| <input type="checkbox"/> Deep Tissue 3D Imaging of Fixed Sample | <input type="checkbox"/> High Speed Live Confocal Imaging               |

Ca<sup>2+</sup> Imaging

Photostimulation Analysis

**Project Information:**

Project Title:

Brief description of project

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**Customized Experiment Details:**

If yes, please describe or attach

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Does the sample(s) given contain any hazardous or infectious agents?     Yes     No

If yes, please describe

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I agree to hold full responsibility in case of any damages caused to the equipment and /  
or other properties of BRIMS during my usage of the lab.

In event of negligent usage, I hereby agree to the cost of damages / losses terms set out by BRIMS.

User's Signature:	Date:
User Supervisor's Signature (If Applicable):	Date:

*For BRIMS Facility Office Only:*

Date received:

Date training:

Person in charge for training:

Name STO in charge of assistance:

Signature:

Date:

Name Researcher in Charge of the Facility:

Signature:

Date:

Head of BRIMS: **Prof. Ishwar Parhar**

Signature:

Date:

Charges:

*Please email the scanned copy to [mum-brimsservices@monash.edu](mailto:mum-brimsservices@monash.edu)*