

HISTOLOGY LABORATORY

ROOM 117 – PHONE 789-3508 UNIVERSITY OF MANITOBA 745 BANNATYNE AVENUE WINNIPEG, MANITOBA R3E 0J9

TRAINING/MICROSCOPY SWIPE CARD / KEY ACCESS FORM

DATE
REQUEST FOR
Name:
Lab/Department:
Lab Phone:
E-MAIL:
STUDENT/EMPLOYEE NUMBER:
SIGNATURE: By signing this form, I am acknowledging that I have been formally trained by a Human Anatomy and Cell Science Representative, or have taken formal training provided by Olympus / Zeiss / Other representative on their specified microscopes below. And I agree to the rules and guidelines for access as outlined in the disclaimer.
SUPERVISOR NAME:
Signature:
BILLING INFORMATION:
FOAP OR OTHER ACCOUNT TO BE CHARGED:
BILLING AGREEMENT:
ACCESS REQUESTED FOR DATES
FROM: To:
TRAINED BY
Name:
Lab Representative for:
MICROSCOPE NAME / LOCATION
☐ Zeiss Imager Z.1 — Bright field/Fluorescence / 121
☐ Zeiss Imager Z.2 — Bright field/Fluorescence / 121 (Graduate students and Staff only)
☐ Zeiss Imager M2 − Bright field/Fluorescence / 121
☐ Zeiss Imager — A2 — Bright field/ 117
☐ Zeiss Imager D.1 – Live Cell – Bright field/Fluorescence / 103C
☐ Zeiss Observer 7 - Live Cell — Bright field/Fluorescence / 121
☐ Zeiss Stereomicroscope - Bright field/Fluorescence / 117
☐ Zeiss Stereomicroscope - Fluorescence / 121
☐ Analysis Software - Axiovision/Zen/Intellesis
□ Mat Lab / Teloview
☐ ZEISS ELYRA PS.1 — Super-Resolution Fluorescence
HISTOLOGY APPROVAL SIGNATURE:
DIRECTOR OF HISTOMORPHOLOGY AND ULTRASTRUCTURAL IMAGING SIGNATURE:
KEY COORDINATOR ACCESS SUBMITTED (DEPARTMENT OFFICE STAFF USE ONLY)
□ SWIPE CARD ACCESS
□ KEY APPROVAL FORM SUBMITTED

DISCLAIMER: