Application to use equipment and facilities within the Manawatu Microscopy and Imaging Centre (MMIC), Massey University

Any person wishing to utilise MMIC resources must complete this form and return it to the MMIC prior to project consultation and initiation of activities

This work being done on behalf of:

1) Massey University

2) External/Commercial Body

1. Name: _____

2. Place of Work (e.g., Dept./Inst. and Room Number): _____

3. Phone Number: _____

4. Email Address: _____

5. Project Title: _____

6. Project Description: _____

_____

_____

7. Equipment to be used: LM, Time-lapse LM, Confocal, SEM, TEM _____

8. Duration of Project: _____

9. Estimated Hours of Use Per Week (LM and Confocal Only): _____

10. Estimated Number of Samples (SEM and TEM Only): _____

10. Do Samples Require Special Handling or Containment (Y/N): _____

_____

Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____

Charge Code: _____

Your Signature: _____ Date: _____