



CENTER FOR MICROSCOPY AND IMAGE ANALYSIS

***CMIA Authorized-User Form***

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **PI/Supervisor:** \_\_\_\_\_  
**Departmental Address:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Lab Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Principle Investigator. Please provide the following Research Support Information: Title(s), Funding Source(s) and Duration. Attach a copy of the Proposal Abstract(s).**

**Anticipated Use of CMIA Instrumentation and Workstations:**

Autoradiographic Darkroom	Image Analysis Workstation
Confocal Laser Scanning Microscope	MetaMorph Workstation
Phosphor Imager, Densitometer	Printing Darkroom
Transmission Electron Microscope	Macintosh G3 Workstation
Ultramicrotome Workstation	X-Ray Film Processor

**SCHEDULE APPOINTMENTS WITH THE CMIA DIRECTOR FOR TRAINING SESSIONS BEFORE RESERVING TIME FOR USING CMIA INSTRUMENTATION.**

\_\_\_\_\_  
**Signature of the PI/Supervisor**  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Proposed User**  
**Date:** \_\_\_\_\_

**Signatures denote acceptance of responsibility for the proper operation and security of all CMIA Instrumentation, as well as compliance with the “CMIA Policies”.**

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***For CMIA use only:                      Confidential GWorld Card Code for door access:***