

Application

Advanced Light
Microscopy &
Spectroscopy



Advanced Light Microscopy/Spectroscopy Laboratory & Macroscale Imaging Laboratory

Full Name: _____

Institution: _____

Department: _____

Address: _____

Email: _____

Phone Number: _____

Faculty Staff Post-Doc Grad Student Undergrad Non-UCLA

P.I.'s Full Name: _____

Institution: _____

Department: _____

Campus Address: _____

Email: _____

Phone Number: _____

Brief description and objective of research project:

Please list exact nature of material(s) brought into the facility:

Check this box if you are planning to work with materials that require **BSL2 or higher** containment.

Check this box if you working with live/whole animals in the ALMS/MSI facility.

If yes, what is the UCLA Animal Research Committee approval #: _____

Check this box if special **disinfectants** are needed for the agents brought into the ALMS/MSI facility

Equipment

Room B145

- Confocal microALEX-FCS
- Confocal SP8-FLIM/STED
- Confocal SP8-Lightsheet
- Confocal SP2 MP-FLIM
- Confocal SP5 Blue
- Confocal SP5 MP-AFM
- OpenSPIM
- Stereo microscope & Microinjector
- Leica DMIL Inverted
- SP8 Analysis Workstation

Room 2144

- Confocal SP8 MP-DIVE-FLIM
- Confocal spinning disk
- BB-SPIM
- Wide-Field NUANCE upright
- In vivo CRI Maestro 2
- NBI SRiS TIRF/dSTORM

Room 2152

- Leica LMD7000
- Leica RM2235 Rotary Microtome
- Wide-Field Nikon dark-field
- Wide-Field CCD Microinjection inverted
- Leica M205 Fluorescence stereoscope

Billing Information (UCLA)

FAU #: _____

Recharge ID: _____

Billing Information (Non-UCLA / another institution or industry):

Institution: _____

Billing Address: _____

Purchase Order #: _____

P.O. Amount Limit (\$): _____

Picture I.D. - Please attach a picture (jpg image) in an email with your application

Our email address: ALMS@CNSI.UCLA.EDU