

University of Pittsburgh Cell Imaging Core I Laboratory
5148 Rangos Research Center

Work request and Disclosure Form

ALL work requests, either Core Staff-assisted or Self-operated, MUST complete this form.

CLIENT INFORMATION

Name of Principal Investigator: _____

Please Check: CHP/Peds Faculty
 UPMC Faculty (dept/div) _____
 Pitt Faculty (dept/div) _____
 Other (specify) _____

Name of Requestor/Self-User: _____

CHP/UPMC network login ID _____

Lab Location: _____

Phone Number: _____

Email Address: _____

Cost center number (indicate the complete number):

CHP _____

UPMC _____

Pitt _____

Other (If institutional Purchase Order, specify exact PO # and billing contact)

Type of work request:

- Training (three sessions required)
- User-based confocal microscopy (Olympus only)
- technician-based confocal microscopy (Zeiss or Olympus)
- User-based Live cell imaging
- technician-based Live cell imaging
- User-based laser capture
- technician-based laser capture
- technician-based data analysis
- technician-based Figure preparation

User Signature _____

DISCLOSURE**Origin of samples:**

Species: Human Mouse Rat
 Non-human primate (specify) _____
 Other Mammal (specify) _____
 Other Vertebrate (specify) _____
 Other (specify) _____

If Human: Healthy donor Patient (specify disease) _____
 Immortalized cell line

Has sample been tested for HIV, HBV? Yes No

If non-human primate: Was sample derived from SIV-infected animal?
 Yes No

Biological/Chemical Hazard Information (check all that apply)

- Virus, specify _____
 Bacteria, specify _____
 Fungi, specify _____
 Parasite, specify _____

Recombinant DNA / RNA (e.g. plasmid, retrovirus, siRNA, etc)
 specify _____

Chemical Hazards (e.g. PI, mercaptoethanol, teratogens, mutagens, etc)
 Specify _____

Biosafety level _____

Fixation

Unfixed Fixed
 Type of Fixative _____ Date Fixed _____

USER CERTIFICATION

All information I indicated in this Work Request and Disclosure Form are true and correct.
 I am a designated user of _____ (Name of Principal Investigator). The
 requested work here is part of my PI's research program that I understand is compliant with University
 guidelines for the responsible conduct of research.

Printed Name of User: _____

Signature of User/Requestor: _____

Date: _____