CLEMSON LIGHT IMAGING FACILITY

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Highlighted fields are required. Incomplete or illegible forms will be returned to the user.

CLIF User Registration Form: Version 030515

Name _____ Email _____

PI/Company _____ Dept. _____ Date _____

Category (check one): CU Grad ☐ CU Undergrad ☐ CU Faculty ☐ CU Staff ☐ CU Post-Doc ☐ Off-campus ☐

Anticipated Graduation Date (if applicable): Month _____ Year _____

1. **I anticipate that I will use the CLIF after hours (Please note- the CLIF hallway locks at 5:00 pm):**

   No ☐ Yes ☐ If yes, please provide CU ID# _____

2. **I have participated in the following Clemson University EHS safety training sessions:**

   Biological ☐ Chemical ☐ Radiation ☐ Other _____

3. **I would like to use the CLIF prep area for:**

   Basic slide preparation ☐ staining procedures/sample processing ☐ cell culture/incubation ☐

CLIF USE ONLY:

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User Training Record:

Equipment	Date	Trainer	Equipment	Date	Trainer
Leica SPE Confocal			Guava		
Leica SP8X MP Confocal			Countess		
Nikon TiE Confocal			Tali		
Zeiss LSM510 Confocal			Nikon LV-UDM		
Nikon AZ100			Cytoviva		
Leica M125 Stereoscope			Olympus LEXT Profiler		
Leica LMD			Leica Polarized Light		
Other					

FACES category _____

FACES Account Created/Updated (Date) _____

Email Sent with door codes ☐

Email Added to LISTSERV ☐

LSF Access Added ☐

LSF Access Expiration Date _____

Signed Rules and Regs ☐

Notes/Comments:

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