**BIOIMAGING REQUEST FORM**  (March 2024)

Please send all requests to bs-bioimaging@exeter.ac.uk. You will be notified as soon as we have allocated a project code which you are requested to use when booking equipment or asking for services.

Please refer to website <http://biosciences.exeter.ac.uk/bioimaging/> for more detailed information.

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| **1. What needs to be done?** (TEM, SEM, Leica SP8, Spinning Disk, …) |  |
| **2. What kind of project is it?** **F-Project**: Funded project supported by grant money dedicated to Bioimaging work which is directly transferred into our account on a monthly basis (DA costs) at full economic costing rates.**CE – Project:** Charity/EU funded Project supported by grant income at full economic costing rates.**E-Project:**Established project, paid by user’s budget that was not initially specified for imaging/microscopy time (e.g. consumable budget). Full economic costing rates.**P-Project:** Preliminary project; not yet funded but created **exclusively to raise preliminary data for a grant application**. Open for a total of 10h (max.6 Samples) and project limited to 2 months. **I-Project:**Investment project, supported by money that user invested in the Bioimaging Centre (e.g. for novel equipment that will be added to the Bioimaging Centre). Usage will be tracked against that investment. Limited to max 2 years duration. **S-Project:**Student project. To assist PhD students to finish a thesis. Restricted to a total of 10h microscopy time, 6 TEM/SEM samples and project limited to 2 months.**EX-Project:**Project by users from different Faculties or Schools. Non- commercial users.Full economic costing rates. |  |
| **3. Who is involved?** (Name all co-workers who are supposed to work on the project and who are allowed to use your Bioimaging project code) |  |
| **4. Does your project involve the use of** class II materials?(If yes, then you must complete the class II registration form which we can forward to you) |  |
| **5. Full T1 Cost code**Please provide the full cost code which will be used to pay for the usage |  |

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| I confirm that I am aware of the Bioimaging Centre charges and accept the procedures laid out in the “Bioimaging Centre Procedures” document. |
| Name: |  | Date: |  |
| **Signature** Budget holder (PI) |  | Date: |  |

The Bioimaging Centre staff will prioritize as follows:

1.Project fully funded by grant money (F and CE projects).2.Data needed for a deadline (e.g. grant proposal or revision image). 3.Data that is required for an ending project (e.g. end of fellowship). 4.Undergraduate projects. Consideration will be given to urgent projects – please state your case on the Request Form.