



Registration Form

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|---|--|
| Name: | First Name: |
| E-Mail: | Account Number (Kostenstelle): |
| Phone: | |
| Group: | Institute: |
| Project Manager: | |
| Service | |
| Flowcytometry | |
| <input type="radio"/> Self-service Operations (After adequate instruction by a person authorised by the Head of the Core Unit) | |
| <input type="radio"/> Consultation | <input type="radio"/> Contract Measurements <input type="radio"/> Cell Sorting |
| Microscopy | |
| <input type="radio"/> Self-service Operations (After adequate instruction by a person authorised by the Head of the Core Unit) | |
| <input type="radio"/> Consultation | <input type="radio"/> Contract Measurements |
| Description of the Experiment (organism, organ, celltyp): | |
| Safety Levels S1 according to Genetic engineering law: | Are the samples tested for human pathogenic microorganisms? |
| Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |



**UNIVERSITÄT
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Medizinische Fakultät

Core Unit Fluoreszenz-Technologien

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|---|---|
| <p><u>Project Manager according to GentG:</u></p> <p><u>Projectnumber:</u></p> <p><u>Genetic engineering facility number: (Az. Nr.):</u></p> <p><u>Donor organism:</u></p> <p><u>Recipient organism:</u></p> <p><u>Modified Gene:</u></p> <p><u>GMO:</u></p> | <p>Which known human pathogenic microorganisms are present or could be present in the sample material?</p> |
| <p>I accept the terms and conditions of the Core Facility yes <input type="radio"/> no <input type="radio"/></p> | |
| <p>Signature Project Manager</p> <p>Date</p> | <p>Signature Experimenter</p> <p>Date</p> |