



# UBC Bioimaging Facility training request form

604-822-3354    [www.bioimaging.ubc.ca](http://www.bioimaging.ubc.ca)  
[bif.manager@ubc.ca](mailto:bif.manager@ubc.ca)

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Date

Your name

email

Supervisor

email/speed chart

Tell us about your  
project here.

How many samples do  
you have right now?

How many samples will  
you have in the future?

How often will you be  
using the instrument?

## What instrument(s) would you like training on?

- |  |  |
|--|--|
| <input type="checkbox"/> Confocal Olympus MP   | <input type="checkbox"/> EM sample preparation |
| <input type="checkbox"/> Confocal Perkin Elmer | <input type="checkbox"/> Tomography            |
| <input type="checkbox"/> SEM Hitachi 4700      | <input type="checkbox"/> Ultramicrotomy        |
| <input type="checkbox"/> TEM FEI Tecnai        |  |
| <input type="checkbox"/> TEM Hitachi 7600      |  |