

**APPLICATION TO USE MULTIPHOTON MICROSCOPY FACILITY (Part 1 Read and Retain)**

**A. For Supervisors/Collaborators/ Heads/ Directors/ PIs and anyone paying for the charges incurred**

**NUS Project/Department Grants**

The multiphoton microscopy facility will send a NUS internal invoice at the end of each financial quarter. Please fill in your Grant number(s) to debit and send the payment slip of the invoice back to the National University of Singapore, Office of Financial Services (OFS). OFS will arrange a transfer of funds according to the Grant numbers.

**Non-NUS Grants**

If a Non -NUS Grant is indicated, multiphoton microscopy facility will have to charge non-NUS rates plus GST. A NUS tax invoice will be sent at the end of each financial quarter. Please fill in the appropriate information and send the payment slip of the invoice and cheque payment back to the National University of Singapore, Office of Financial Services (OFS).

A1. A reminder will be sent to users who fails to pay the bill in thirty (30) days from the date of invoice. Failure to pay the incurred charges will result in suspension from use of the facilities until the invoice is cleared.

A2. Charges for usage of multiphoton microscopy unit facilities are subjected to revision.

**B. For Applicants regarding responsibilities while using facilities**

B1. Unauthorized persons are not allowed into the Unit. Users are to refrain from bringing any non-registered person into the Unit.

B2. Users must be trained by an assigned multiphoton microscopy staff before using the facilities. Subsequently, your assigned staff should be informed prior to performing any work in the Unit.

B3. If sample is of biological / toxic / infectious origin, please indicate in the application. Only fixed samples can be imaged currently.

B4. Booking of equipment/ facilities

a. The microscope is available for booking in one-hour slots. Usage of microscopes are charged by the booked timings (minimum one hour)

b. Booking of the subsequent hour(s) is required for any extension of viewing beyond the original booked slots

c. At least one week advance booking is required if microscope needs to be booked for whole day (1 or more days).

d. Cancellation of booking slots should be done at least 48 hours in advance. Booked sessions will be charged as usual for no-show or cancellation with short notice

e. Timings for viewing sessions should be strictly adhered to (Refer to D for the timings)

B5. Use of facility

a. Do not bring laboratory coats used in other laboratories into the Unit

b. Proper lab attire, including closed-toe shoes, should be worn

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<ul style="list-style-type: none"><li>c. Wear lab coat provided in the Unit</li><li>d. Be careful not to contaminate work surface / items when wearing gloves</li><li>e. Keep your work area clean</li><li>f. Do not store samples/slides inside the facility</li></ul> <p>B6. Disposal of waste</p> <ul style="list-style-type: none"><li>a. Place sharp and glass wastes into sharps bin.</li><li>b. Bring back samples and other wastes to original laboratory for disposal</li></ul> <p>B7. Inform staff in charge of any breakage / spill / malfunction / injury immediately</p> <p>B8. Use of equipment</p> <ul style="list-style-type: none"><li>a. Users should operate the equipment with care. In case of any damage due to misuse , the user/ PI will be held responsible for the repair cost</li><li>b. Change of objective holders should be performed by the staff- in charge only.</li><li>c. All users must have a N3 license and undergo training by the staff- in charge before using the microscope.</li><li>d. After use, log in the use of microscope on the usage form found on the table.</li><li>e. No USB devices or hard disks are allowed. Only CDRs and DVDRs can be used</li><li>f. The facility will not be held responsible for loss of any digital images/ data stored / saved on the PCs. Please ensure you have your own copies before leaving the Unit</li></ul> <p>B9. Smoking, eating or drinking is not allowed in facility.</p> <p>B10. Any violation of the rules and regulations, misuse or abuse of equipment, and/or non-compliance in safety regulations resulting in an unsafe or dangerous situation for other users, may result in suspension or barring from using the facility.</p>
<p><b>C. Guidelines detailing transport of biological samples into the Unit</b></p> <p>CI. All biological samples should be fixed with a fixative and washed in PBS five times (10 mins each time) before bringing to the Unit</p> <p>C2. Place sample in spill-proof primary container (e.g. screw-cap plastic bottle)</p> <p>C3. Label primary container with the following</p> <ul style="list-style-type: none"><li>a. Your name</li><li>b. Your department name</li><li>c. Sample type and source</li><li>d. Date</li></ul> <p>C4. Place sealed primary container in a secondary leak-proof container (e.g. ziploc bag)</p>
<p><b>D. Time sessions</b></p> <p>D1. Morning (Mon to Fri): 0900hrs to 1000hrs , 1000hrs to 1100hrs, 11 00hrs to 1200hrs</p> <p>D2. Afternoon (Mon to Thu) : 1330hrs to 1430hrs, 1430hrs to 1530hrs, 1530hrs to 1630hrs, 1630hrs to 1730hrs</p> <p>D3. Afternoon (Fri): 1330hrs to 1430hrs, 1430hrs to 1530hrs, 1530hrs to 1630hrs</p>

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<b>APPLICATION TO USE THE MULTIPHOTON MICROSCOPY FACILITY (Part 2 complete and return)</b>	
<b>Applicant Details</b> (please fill in <b>BLOCK</b> letters)	
<b>Name</b> (underline surname/family name)	
<b>NUS staff/student card number</b> (if applicable)	<b>Email</b>
<b>Department</b>	<b>Contact Number</b>
<b>Supervisor (s)/Collaborator (s)/HOD/Director/PI details</b>	
<b>Name</b> (underline surname/family name)	<b>Department</b>
<b>Contact Number</b>	<b>Email</b>
<b>Address of person to send invoices to</b> (if invoice are <b>NOT</b> to be sent to Supervisor /Collaborator /HOD/Director/PI)	
<b>Please indicate source of funds to cover charges incurred</b> (see part 1A for details)	
Grant Number:	
<b>Project outline:</b> (a brief introduction of experiment, e.g. Type of sample (cells/tissue), live or fixed, fluorophore used, imaging methods, any treatment or tissue clearing agent used, timepoints etc.)	
Agreement: I have read, understood and agree to comply with the part 1 of this form. I understand that any violation could result in my being barred from entry and/or use of facility in future.	(Note: have you read part 1A?)
<b>Signature of the applicant/ date</b>	<b>Signature of the Supervisor /Collaborator /HOD/Director/PI</b>
<b>FOR OFFICIAL USE</b>	
<input type="checkbox"/> <b>Application approved by the Multiphoton Microscopy unit</b>	
Date:	
Charges/ Remarks:	