**Application for Service Form**

**Flow Cytometry and Laser Capture Microdissection Core Facility (FCF)**

**The information below is required prior to using the instruments in the core facility.**

**Instrument/s access is required to be renewed in March and September each calendar year. The ID Card Access to facility and online scheduling of all the users in your lab will be suspended unless updated information is justified to the personnel listed below.**

[ ] **New** [ ] **Update**

Full name of Principal Investigator:

Department:

Phone number:

Email:

Dept ID/Proj ID (Account to be charged)

How would you like to be charged: Time Used or Annual Usage Fee

(Schedule of fees is attached)

Only individuals listed below will be authorized to use the instruments in the facility

 Name Email Extension

**Billing Authorization:**

 PI Signature Date

The rates and other information regarding the facility can be found at: <http://www.hsc.unt.edu/fcf/index.cfm?pageName=Fees>

**Please return the completed form via inter-campus mail, in person to Xiangle Sun, RES-438/442, ext 0117, or email signed form to** **Xiangle.Sun@unthsc.edu****.**