

Typhoon 9410 Phosphorimager/Fluorescence Imager [PhIFI] Lab/User Registration Form

Please fill out Application and Register your lab personnel for use of the Typhoon Imager:

PI: _____

DEPARTMENT: _____

CONTACT TELEPHONE # : _____ EMAIL: _____

LIST OF PERSONS IN LAB THAT WILL BE USING THE TYPHOON:

| <u>Name:</u> | <u>ECU Login</u> | <u>Name</u> | <u>ECU Login</u> |
|--------------|------------------|-------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Fees:

There will be an **Annual Fee** of **\$550.00** for use of the PhIFI Core Facility.
This covers use by all lab members. Investigators may pay for multiple years.

Account number to which Total Fees may be charged _____
(Registration forms will not be processed without a valid ECU account number)

| | | |
|--|---|-----------------|
| Annual Lab Use Fee _____yr(s) (collected annually) | x | \$550.00/ yr |
| Total (to be charged to PI's account) | | \$ _____ |

My signature below authorizes payment of the above Total Annual Fees from my ECU account for the use of the Phosphorimager/Fluorescence Imager Core Facility [PhIFI].

Signature: _____ Date: _____

Please Print and Sign

Return to Ms. Vicki Taylor, Dept of Research & Graduate Studies, Brody AD-37 (taylorv@ecu.edu).
Forms will be forwarded to the PhIFI administrators, Brody 5S-21 (Dr. Nick Polakowski/Dr. Brett D. Keiper). In the event your account number changes, please notify Vicki Taylor, (252) 744-2071.

Do Not Write In This Box

Registration Date: _____ End Date: _____ Approved By: _____
(Dept of Research & Grad Studies)

Date: _____ Approved By: _____
(PhIFI Administrator, Polakowski/Keiper)