



LKSKI Pre-Clinical Imaging - Sample Registration

A Sample Registration must be presented for each sample type in order to inform the operator of the biohazardous risk that the samples represent. Each new experiment using a new sample type, cell line, or vector which has not been registered previously must be accompanied by a new Sample Registration form.

PI Name:

PI Email:

Lab Member Name:

Lab Member Email:

Sample type :

Sample type and details*:

Name of cells and type :
(species, primary/secondary)

OR Tissue source and type:

List of chemical treatments (i.e.LPS):

List of infectious agents (i.e. lentivirus):

List of transfected vectors/genes :
(i.e.pLEN Ras-GFP)

***If required the Research Biosafety Officer can be contacted to help with the completion of this form
(Neha Chauhan at Neha.Chauhan@unityhealth.to)**

The user has read and agrees to adhere to all Policies of the LKSKI Bioimaging Core, specifically the cleaning and maintenance requirements for the instruments.

The user declares that the above information is accurate and that no undeclared biological safety risks exist to the operator or other users of the Bioimaging Core facility.