

## **VBCF EM Facility - Infrastructure Usage and Training Request**

## TO BE FILLED OUT BY USER

| Date:                       |  |
|-----------------------------|--|
| Users included:             |  |
| Group and affiliation:      |  |
| Invoicing address:          |  |
| Grant number if applicable: |  |

Used instrumentation, required trainings:

Maximum available budget (approximate; please discuss with EM Facility staff beforehand!):

Comments:

\*Please send these texts electronically to thomas.heuser@vbcf.ac. at



With my signature below I acknowledge and accept that:

- requests submitted to the VBCF Electron Microscopy Facility are subjects to the VBCF general terms of cooperation and the EM Facility Lab Policy
- the VBCF EM Facility will be acknowledged in publications and presentations for work performed in its facility as prices charged to users are heavily subsidized by VBCF's funding bodies (city of Vienna and the Austrian Federal Ministry of Education, Science and Research)

| Date: | Signature user:         |  |
|-------|-------------------------|--|
| Date: | Signature group leader: |  |

| TO BE FILLED OUT BY FACILITY |      |    |  |  |
|------------------------------|------|----|--|--|
| Mantis IDs:                  |      |    |  |  |
| Responsible person:          |      |    |  |  |
|                              |      |    |  |  |
| Finished:                    | Date | e: |  |  |
|                              |      |    |  |  |

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