*Microscopy New Client Checklist*

|  |  |  |
| --- | --- | --- |
|  | **Date:** | Click or tap to enter a date. |
|  |
| **First Name:** | Click or tap here to enter text. | **Researcher/Supervisor** | Click or tap here to enter text. |
| **Last Name:** | Click or tap here to enter text. | **Dept. and Faculty:** | Click or tap here to enter text. |
| **Student/Staff ID#:** | Click or tap here to enter text. | **Speedcode/PO#:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | **Account #:** | Click or tap here to enter text. |
| **Cell #:** | Click or tap here to enter text. |  |
| **Position:** | Choose an item. |
|  |
| **Start Date:** | Click or tap to enter a date. | **End Date:** | Click or tap to enter a date. |

The following must be completed prior to working in the Microscopy lab. You must provide proof of the following certifications.

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| --- |
| Western WHMIS |
| Laboratory Safety & Hazardous Waste Management |
| Biosafety |
| Worker Health & Safety Awareness Training |

**Briefly describe the project and your goals:** (Please include details on sample characteristics, fluorescent dyes and whether image analysis is required.)

# If external to Western, please provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company:** | Click or tap here to enter text. |  | **Address:** | Click or tap here to enter text. |
| **City & Prov:** | Click or tap here to enter text. | **PC:** |  |

**Approved by:**

**Signature of Supervisor**