



Microscopy New Client Checklist

Date:	
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First Name:		Researcher/Supervisor	
Last Name:		Dept. and Faculty:	
Student/Staff ID#:		Supervisor Email:	
Email:		Supervisor Phone:	
Cell #:		Speedcode/PO#:	
Position:		Account #:	

If you are **NOT** using Western speedcode, please complete information below.

Company:
City & Prov:

Address:
PC:

Start Date:

End Date:

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

Western WHMIS
Laboratory Safety & Hazardous Waste Management
Biosafety
Worker Health & Safety Awareness Training
Laser Safety (<i>Confocal only</i>)

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

Approved by:

Signature of Supervisor