

Facility Access Request Form

<http://www.phenogenomics.dentistry.ubc.ca>

To access the equipment in the **Centre for High-Throughput Phenogenomics**, proper training and protocols must be in place for all authorized users. Training for specific pieces of equipment is available for new users, and technical assistance is available for all equipment as needed and at cost. Equipment may not be booked until this form has been completed and approved by the Centre for High-Throughput Phenogenomics staff.

1. IDENTIFICATION OF THE PRINCIPAL INVESTIGATOR

Name:

Employee Number: CWL:

Position Title:

Department/
Affiliation:

Phone:

E-mail:

Emergency Contact
Name and Tel (cell #):

2. PROJECT PROPOSAL

Proposed Start Date:

Expected Duration:

Grant Title:

Grant Summary
(max. 100 words):

Billing Information:

Speedchart (UBC):

OR

Invoice Mailing
Address:

3. EQUIPMENT

Microscopy

- Scanning Electron Microscopy
 - SEM
 - STEM Detector
 - focused ion beam
 - EDAX
 - EBSD
 - Cryo
- Leica white light laser confocal
- Zeiss PALM laser capture microdissection system
- Nikon confocal microscope
- Olympus LEXT confocal
- Axioplan II fluorescent microscope
- Sample Preparation Equipment
 - Critical point dryer
 - Microwave preparation
 - Leica EM MED020 coating system
 - Grinder/polisher suite
 - Leica cryostat

Optical and CT Scanners

- Optical projection tomography scanner
- Specimen micro-computed tomography scanner
- In vivo* micro-computed tomography scanner
 - Anatomical
 - Inhaled anaesthesia
 - Gated
- MALDI mass spectroscopy
 - Imaging
 - MS or MS/MS

Technical Assistance

- Technician/operator required for data analysis or acquisition
- Veterinary technician required

Description of
veterinary
assistance
required:

4. SPECIMEN INFORMATION & PROTOCOL APPROVALS

Applicable institutional approvals including amendments must be completed prior to the scheduling of sessions. Please check all that apply.

4.1 *In Vivo* Animal Use

For *in vivo* studies, animal use protocols describing the experiments that are planned in the Centre must be approved by the UBC Animal Care Committee prior to scheduling experiments. A set of Standard Operating Procedures that have been approved by the UBC Animal Care Committee may be available upon request (selected procedures only).

Live animals

Species:

Strain:

Origin of the animals:

Immune deficient? Yes No

After the session, animals will:

return to original location

be euthanized

Location for euthanasia:

require housing in holding area

Length of holding period:

Is the procedure described in the Animal Use Protocol (AUP)? Yes No -- must amend AUP

AUP#:

Animal handling will be performed by (name):

Animal Handling Certificate #:

4.2 Human Tissues

For human tissues, ethics approval through the UBC Research Ethics Board is required. Please state whether the tissues will be fixed/rendered non-infectious (preferred) before being brought into the facility.

Excised human tissue

Description:

Is the procedure described in the REB? Yes No -- must amend REB

REB Protocol #:

4.3 Post-Mortem Specimens, Cells and Other Specimens

For post-mortem studies, completed within the Centre, no additional approvals are required. It is the responsibility of the principal investigator to ensure that the animals and/or tissues were obtained in an ethical and UBC-approved manner and appropriate biosafety approval has been obtained.

Please state whether the tissues will be fixed/rendered non-infectious (preferred) before being brought into the facility.

Dead/excised animal tissue

Description:

Permanent cell line (species, cell type, source)

Description:

Primary cells (species, cell type, source)

Description:

Specimen (other)

Description:

Contains recombinant DNA

Description:

Contains biohazardous agents

Description:

Contains a chemical or toxic substance

Description:

Biosafety certificate #:

For biohazard level 2, CHTP room numbers added to Biosafety Certificate: Yes No

5. RESEARCH TEAM

Fill in the fields for **each user involved with the project**. Multiple users can be listed here, and the user group can be modified at any time. Training certificates are required for chemical/biosafety, radiation safety (isotopes or micro-CT only), and animal handling (*in vivo* studies only), and the UBC certificate # must be provided for each user as necessary.

User Name:

Position Title:

Student/Employee Number: UBCcard iCLASS Number:

Department/Affiliation:

User Phone: User E-mail:

Chemical Safety: CWL:

Biosafety:

Animal Use, Handling, Anaesthesia:

Equipment Requested:

Has this user been trained on the equipment requested? Yes No Some (please specify below)

Training Required:

User Name:

Position Title:

Student/Employee Number: UBCcard iCLASS Number:

Department/Affiliation:

User Phone: User E-mail:

Chemical Safety: CWL:

Biosafety:

Animal Use, Handling, Anaesthesia:

Equipment Requested:

Has this user been trained on the equipment requested? Yes No Some (please specify below)

Training Required:

User Name:

Position Title:

Student/Employee Number:

UBCcard iCLASS Number:

Department/Affiliation:

User Phone:

User E-mail:

Chemical Safety:

CWL:

Biosafety:

Animal Use, Handling, Anaesthesia:

Equipment Requested:

Has this user been trained on the equipment requested? Yes No Some (please specify below)

Training Required:

User Name:

Position Title:

Student/Employee Number:

UBCcard iCLASS Number:

Department/Affiliation:

User Phone:

User E-mail:

Chemical Safety:

CWL:

Biosafety:

Animal Use, Handling, Anaesthesia:

Equipment Requested:

Has this user been trained on the equipment requested? Yes No Some (please specify below)

Training Required:

6. APPROVALS AND PRINCIPAL INVESTIGATOR AGREEMENT

Principal Investigator

- ▶ I understand that there is a cost-recovery model for the Centre for High-Throughput Phenogenomics and I have reviewed the pricing structure for the equipment and (as necessary) technical assistance. I believe that I have sufficient resources to pursue these investigations, and agree to a monthly billing schedule.
- ▶ I understand that any changes, including renewals and amendments, to the personnel, projects, or institutional approvals outlined for this project are my responsibility and must be updated with the Centre for High-Throughput Phenogenomics.
- ▶ I will acknowledge the Centre in publications and supply the Director of the Centre with a copy of all publications that arise from data generated in the facility. In some cases, co-authorship is warranted and should be discussed with the relevant CHTP staff and the CHTP Director (Dr. Nancy Ford). The suggested text for acknowledgement is as follows: "*(technique) was performed in the Centre for High-Throughput Phenogenomics at the University of British Columbia, a facility supported by the Canada Foundation for Innovation, British Columbia Knowledge Development Foundation, and the UBC Faculty of Dentistry.*"

Date:

Principal Investigator's Name:

Signature:

- Selecting this box and submitting the form will act as a digital signature on the form. Paper copies are not required.

For authorized use only -- Centre for High-Throughput Phenogenomics

Director:
Nancy Ford

Signature:

Date:

All approvals in place:

User training complete:

User profile created: