**Bioimaging User Registration Form**

**User’s Name:** **Department:**

**Email:** **Ext:**

**Project Leader:**

**Project Name**:

 **Project Number**:

**Sample type:**

**Equipment to be used:**

**Previous imaging experience:**

**Project start date:** **Project end date:**

**Is your material GM?** Y/N

*If yes, please read Bioimaging SOP 8.1.*

**Does your material contain biological or chemical hazards?** Y/N

*If yes, please ensure the appropriate Risk Assessment forms are available in Bioimaging.*

**Conditions of use of the Bioimaging Unit**

***1****. Users of the Rothamsted Bioimaging Unit are expected to acknowledge the facility in all related publications.*

*Please send a copy of these publications to Dr. Smita Kurup, Head of Bioimaging, via email (**smita.kurup@rothamsted.ac.uk**) or post (Bioimaging, Rothamsted Research, Harpenden, AL5 2JQ, UK).*

***2.*** *When staff from Bioimaging have contributed intellectually, creatively and/or with experimental method development to a project, it is the policy of Rothamsted Bioimaging to have the appropriate staff member(s) included as author(s) on manuscripts.*

**Signature:** **Date:**