

Last Name _____
First Name _____
Laboratory _____ Tel. _____
External badge n° _____ / university badge e-mail _____

Previous flow cytometry experience

None 0 - 6 months 6 months – 1 year 1 – 2 years over 2 years

Instrumentation: _____

With the authorization you will receive personal credentials via email to login on the online calendar.
The personal badge will be enabled to access the Facility.

For Internal Service Charter approval:

PI Name and Surname _____ signature _____

Applicant signature _____

Charge authorization:

Cost center _____ PI signature _____

Secretariat reserved space

On-line calendar access

Enabled access _____

FRACTAL course of _____

User list

NOTE: _____

The form must be delivered to FRACTAL secretariat, located at DIBIT 2, R floor, room 25A (Mrs. Federica Fania, internal number -4335) or sent by email to fanias.federica@hsr.it

Date _____