



**Urogenital Research Unit
Department of Anatomy
Roberto Alcantara Gomes Biology Institute – UERJ**

FORM

AURIGA COMPACT – ZEISS

Registration No. _____

Date: ____/____/____

Requester:

Name: _____

Department: _____ Unit: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Project: _____

Supervisor Name (if applicable): _____

Masters Doctorate Other: _____

Material to be analyzed: _____

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STATEMENT

I state that I am aware of the protocols used in the Scanning Microscopy Service, and that I have prepared the material properly.

I am committed to mention, in all scientific production that includes images obtained with this equipment, the support of the Urogenital Research Unit - Department of Anatomy of UERJ and FAPERJ (Process No. E-26/110.043/2013).

Signature and enrollment of the professor