



Department of Anatomy – Roberto Alcantara Gomes Biology Institute
Laser Scanning Confocal Microscopy Services FORM

Registration No. _____

Date: ____ / ____ / 20____

Requester: Professor **BHEx** FisioCirurgia
 1st time Continuation

Name: _____

Department: _____ Unit: _____

Phone: _____ Cell Phone: _____ E-Mail: _____ @ _____

Project: _____

Supervisor Name (if applicable): _____

Masters Doctorate Other: _____

Do you have funding? Yes (agency) _____ No

Material to be analyzed: _____

Frozen section Paraffin /Paraplast

Antibodies used: _____

Fluorochromes used: _____

Statement

I state that I am aware of the protocols used in the Confocal Microscopy Service of the Department of Anatomy/IBRAG/UERJ, 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 UERJ **Department of Anatomy and FAPERJ** (Process No. E-26/190.311/2012). Equipment data (to be copied and included in Materials and Methods):
Nikon Laser Scanning Confocal Microscope,
model C2 (Nikon Instruments, Inc., New York, USA)

_____ enrollment no.: _____

(Signature and enrollment of the professor)