

User Request Form		Image and Data Analysis Facility	
		Christoph Möhl christoph.moehl@dzne.de phone +49 228 43302 638	
USER INFORMATION			
Project Referent: (Name, Surname)		Affiliation:	
Principal Investigator: (Name, Surname)			
Research Group:			
Phone:	Fax:	E-mail:	
SERVICE REQUIRED			
Short Description (Title):			
PROJECT INFORMATION			
Instrument used for image acquisition (e.g. Zeiss LSM 780, PerkinElmer Vox):			
Input Data Type:			
<input type="checkbox"/> Fluorescence <input type="checkbox"/> Brightfield, DIC, Phase Contrast <input type="checkbox"/> Other:			
<input type="checkbox"/> 3D Data (Z-Stack) <input type="checkbox"/> 2D Data <input type="checkbox"/> Other:			
<input type="checkbox"/> time lapse <input type="checkbox"/> Multi-Channel, Nr. Of Channels:			
Input Data Format (tiff, ome.tiff, Zeiss zvi, Bitplane ims ...):			



Project Description

Scientific Background, Rationale, Goals etc.

Assay Description

description of input data

description of desired output parameters, examples: cell density, number of dividing cells, average speed of vesicles per cell.,

desired output format, e.g excel xls files

[Large empty rectangular area for writing the assay description]

Date:

User Name:

User's Signature:

Date:

Name of Person in Charge:

Signature: