

## Registration for the access of the In Vivo Imaging Facility (IVIF)

Please complete and return this form to [ivif@chuv.ch](mailto:ivif@chuv.ch). You will then be contacted for a training

**Name** (First and Last Name)

**Position/ Title**

**Institution**

**E-mail**

**Phone Number**

**Department**

**Group Leader**

**Billing Informations** (account CGRA CGRB)

**AGORA** Access Request

Multi-photon Leica SP8

MRI 3 Tesla

IVIS

Global Irradiator

Focalized Irradiator X-Rad SmART

micro CT

Workstation (Imaris, Image Analysis)

**CLE** Access Request

Multi-Photon Lavigation

Stereo-microscope

Irradiators

Micro CT

Bioluminescence/Fluo (xenogen/MILabs)

Workstation (Imaris, Image Analysis)

**User infos** (Experimental approach, mouse model and samples, applications, previous experience on instruments)

**Agreement.** With my signature, I confirm the accuracy and completeness of the informations I have provided above. By completing and submitting the authorized form to the IVIF, I agree to accept the billing policy and rules/guidelines for using the instrumentation provided by the IVIF. Moreover I understand that it is my responsibility (as user) and that of my supervisor to notify the IVIF of changes in the user accounts or billing informations to the IVIF.

**User** (Date, Signature)

**Group Leader** (Date, Signature)