

## Application form for the use of the IFZ cell sorter (BD FACSAria™ Fusion)

(Please take note that only duly completed and signed applications will be processed)

Investigator / Experimentor

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Titel, Forename, Surname: .....

Institute / Clinic: .....

Department: .....

.....  
Address Postcode City

Phone: .....

E-Mail: .....

Principal Investigator

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Titel, Forename, Surname: .....

Institute / Clinic: .....

Department: .....

.....  
Address Postcode City

Phone: .....

E-Mail: .....

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Investigators from the University Hospital of Essen:

Kostenstelle: .....

External investigators - billing address:

Titel, Forename, Surname: .....

Institute / Clinic: .....

Department: .....

.....  
Address Postcode City

Project Description:

### Biosafety

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The samples belong to risk group:

RG1      RG2      (Biostoffverordnung)

RG1      RG2      (Gentechnikgesetz)

In case the samples contain genetically modified organisms that belong to RG1/RG2

Registration number:

Anlagennummer/Aktenzeichen:

Full project name:

Responsible person:

Investigator/Experimentor

I hereby confirm that I have read the Nutzungsordnung and that I will comply the rules.

.....

Date

.....

Name

.....

Signature

Principal Investigator

.....

Date

.....

Name

.....

Signature

Please send this from to: Institut für Zellbiologie (Tumorforschung)  
Universitätsklinikum Essen  
Institutssekretariat  
Virchowstraße 173  
45122 Essen