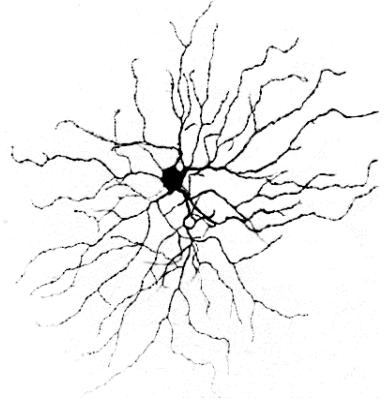


# Burke Neurological Institute

## Structural and Functional Imaging Core

### Training Checklist



#### Applicant Information:

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

PI: \_\_\_\_\_

#### Applicant Acknowledgements:

1. I understand that prior to independent use of a piece of equipment, I must first be trained by the Imaging Core staff.
2. I understand that after the initial in person training, I will perform 4 independent sessions within the following 3-4 weeks. Without completing these independent sessions my access to the imaging equipment will be revoked.
3. I understand that prior to late evening, overnight, and weekend work, I will have to have at least 4 fully independent sessions during Core's business hours.
4. I understand that to get a training for the second microscope, I need to complete the first training and minimum 4 independent sessions.
5. I understand that I am not authorized to train other individuals on Imaging Core equipment.
6. I understand that all specimens, notebooks, and other materials must be removed from the Core at the end of my scheduled imaging session.
7. I understand that all acquired images must be removed from microscopy Core computers and that Imaging Core staff will delete image files on the first of the month.
8. I understand that all microscope use must be scheduled in <https://bmri.bookedscheduler.com/>. If I need to reschedule or cancel my time, I will make every attempt to do so 24 hours in advance. I must alert users scheduled both before and after my time slot. This applies to all changes exceeding 30 min.
9. I understand that If there is more than 30 min in between the users all equipment needs to be turned OFF. If it is less than 30 min, the software program should be closed, and the hardware should stay ON. **During COVID-19 regulations, the minimal interval between the users is 30 min. Thus, the system must be shut off and sanitized before and after each use.**
10. I understand that all immersion fluids (oil, water, etc.) must be cleaned from the microscope and that failure to do so may lead to damage to the objectives/microscope. The costs associated with these repairs will be charged to my PI.
11. I understand that if an error or problem arises that I will contact the Imaging Core staff immediately.
12. I understand that all publications benefitting from use of the Imaging Core must acknowledge the Burke Neurological Institute Structural and Functional Imaging Core.
13. I understand that failure to follow Imaging Core guidelines may result in revoked access to the Burke Neurological Institute Structural and Functional Imaging Core.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_