



HSC CORE FACILITIES

CELL IMAGING CORE

THE UNIVERSITY OF UTAH

Patron Consultation Form

Consulting Associate: _____

Date: _____

General Information

Patron: _____

PI/Company: _____

Briefly describe your sample type (slide, dish, well plate, live or fixed cell) and preparation (Fluor, Protein, Immunolabeled):

Image Acquisition Needs (Check modalities that apply): ☐ Transmitted/Brightfield ☐ Widefield/Fluorescence

☐ Confocal ☐ Spinning Disk Confocal ☐ Super Resolution ☐ Slide Scanner ☐ Multichannel ☐ Z-stack ☐ Stitched

☐ Multi-position ☐ Time-lapse ☐ Stage Incubator ☐ Data Analysis ☐ Other (Describe below)

General Goal: ☐ Fluorescence intensity ☐ Size ☐ Enumeration ☐ Colocalization ☐ Other (Describe below)

Short description of the research project, and specific goals if needed:

Recommended Methodology (To be completed by Core member only):

Training Required: ☐ Yes ☐ No ☐ Other (Describe) _____