

Registration form for accessing the Core Facilities of the Medical Faculty of the University of Bonn

(Please note that the access authorization is valid for one year after the issuing date)
Please fill in ALL fields for rapid processing and hence rapid access to the core facility. Send the completed and signed original form back to the TPCF manager.

Contact information of the applicant:

First name:	Title:
Last name:	
Address:	
Zip code, City:	
Country:	
Phone number:	
Email:	

Application for:

<input type="checkbox"/> New registration
<input type="checkbox"/> Renewal of registration
<input type="checkbox"/> Other reasons:

You are:

<input type="checkbox"/> Employed at the Faculty of Medicine of the University of Bonn
<input type="checkbox"/> Not employed at the Faculty of Medicine of the University of Bonn:

Then please state your employer:

Name of the employer:
Address of the employer:

For which core facility do you want to get access?

<input type="checkbox"/> Biobank	<input type="checkbox"/> Cell Programming
<input type="checkbox"/> Flow Cytometry	<input type="checkbox"/> Mass Spectrometry
<input type="checkbox"/> Microscopy	<input type="checkbox"/> Nanobodies
<input type="checkbox"/> Next Generation Sequencing	<input type="checkbox"/> Transgenic Service
<input type="checkbox"/> Virus	<input type="checkbox"/> Zebrafish

Herewith I declare that I have read and understood the General Terms of Use and applicable Special Terms of Use. Furthermore, I declare that I comply with the formalities of the General and Special Terms of Use. I am aware that violation of the General or Special Terms of Use will result in the withdrawal of the permitted access to the core facility.

City, date

Signature of the applicant

Registration form

Declaration of consent of the principal investigator:

First name:	Title:
Last name:	
Address:	
Zip code, City	
Country	
Phone number:	
Email:	
Name of the research group:	
PSP-Element / Cost center for billing:	

Herewith I declare that I have read and understood the General Terms of Use and applicable Special Terms of Use for access to the core facility, for which my employee applies. Furthermore, I declare that I comply with the formalities of the General and Special Terms of Use. I declare that I am aware that violation of the General or Special Terms of Use by a member of my group will result in the withdrawal of the permitted access to the core facility.

I understand that my account will be charged with the arising costs and that the billing will be sent by email in a quarterly period. I promise to validate the billing within 14 days after receipt.

City, date

Signature of the PI