

‘Advanced Microscopy Laboratory’
(Trinity College Dublin)
Application for Access to Instrumentation

Project Title:

Applicant(s):

Application Date: ____ / ____ / ____

Lead Applicant Contact Email:

Supervisor/PI:

Describe the main scientific or technology-related question you are trying to address:

Have you discussed your goals with a member of AML staff about this project? If yes, who?

Explain how this project relates to recent work in the field and its expected significance and impact (attach relevant prior literature if necessary):

Describe clearly and specifically the research tasks you hope to perform at the AML, including any analysis and interpretation of the results needed, and the expected outcomes from these:

Describe your sample & experimental plan. Does your work require solvents, gasses or chemicals? Have you discussed these with AML staff and performed a risk assessment? Advice on risk assessment is available from dermot.daly@tcd.ie . An induction will be provided for AML users.

Publications as a result of prior work at the AML (if applicable):

All publications, abstracts, presentations, posters, grant proposals, etc. where the research has or will benefit from use of the AML must include an acknowledgment, such as the text below.

“The imaging/analysis for this project was carried out at the Advanced Microscopy Laboratory (AML), Trinity College Dublin, Ireland. The AML (www.tcd.ie/crann/aml) is an SFI supported imaging and analysis centre, part of the CRANN Institute and affiliated to the AMBER centre.”

If your project involved contributions from any of the **AML centre staff** in the design or conception of the experiments, data analysis or interpretation, please recognise the staff member and the AML with co-authorship of papers. Please forward copies of all AML acknowledged outputs to AMLSupport-mlist@tcd.ie. This data will be collated and used as an objective indicator of our impact.

Declaration:

All AML users agree to; follow laboratory health & safety regulations, use instrumentation only as trained, report all faults/breakages/near-misses to staff, acknowledge the AML/staff in all outputs, and follow staff instructions while on site. Non-compliance may result in loss of access privileges.

Applicant Signature:	
PI Signature: (if not applicant)	

- Charging Basis:**
- Commercial Cost
 - External Academic
 - SFI Rate (subsidised)
 - TCD Internal

P.O. / Chitty No.:

Draft forms may be returned electronically initially to AMLSupport-mlist@tcd.ie, but a signed printed copy will be needed before work can begin. All applications will be reviewed by the AML Steering Committee and the applicant(s) will be notified of the outcome as soon as possible.

AML Internal Use Only

Access Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved: / /
Assigned AML project contact:	
Instruments(s) allocated: (inc. estimated number of hours)	