**Confocal Imaging Services Request Form**

**UMKC SCHOOL OF DENTISTRY**

650 E. 25TH STREET ◈ Kansas City, MO 64108

◈ Phone: (816) 235-6296 ◈ Fax: (816) 235-5524

|  |  |  |
| --- | --- | --- |
| **Date** | **Person Requesting Imaging** | **Department/School** |
|  |  |  |
| **Address** | **Phone No.** | **Faculty or PI Authorization** |
|       |       |       |
| **MoCode** **(If Applicable)** | **Business Affairs Officer from Requesting Department/School** | **Business Affairs Officer Authorized Signature** |
|       |       |       |
| **Organization** | **Source of Funding** |
| [ ]  UMKC  [ ]  Other Academic Institution [ ]  Private Organization  | [ ]  Grant Funded (NIH, NSF, etc.)[ ]  Subcontract[ ]  Fee for Service |
| **Evaluation Requested** |
| [ ]  Single plane images |  [ ] Assisted   [ ]  FTIR  |
| [ ] Time-series | [ ] Independent |
| [ ]  Z-stack | [ ] Extended Time Series/Off peak  |
| **Sample Information** |
| [ ]  Number of Dyes [ ] Biohazardous  |
| **List Specific Dyes and details of biohazardous samples below** |
|  |
|  |
|  |
| **Is your Sample Radioactive?**  [ ] Yes [ ] No  |
| *The confocal microscopy core is not approved to handle radioactive materials and cannot accept any such samples.* |
| **Estimated Hours of Imaging**  | **Hours of Imaging Performed**  |
|  |  |
|  |  |
| **Pricing for Imaging and Evaluation Services** |
| Confocal (UMKC Users) | Confocal (Non-UMKC AcademicCustomers) | Multiphoton (UMKC Users) | Multiphoton (Non-UMKC Academic Customers) |
| Assisted Imaging $40/hr | Assisted Imaging $50/hr  | Assisted Imaging $55/hr | Assisted Imaging $65/hr |
| Independent Imaging $25/hr | Independent Imaging $35/hr  | Independent Imaging $35/hr | Independent Imaging $45/hr |
| Extended Time Series $15/hr | Extended Time Series $20/hr | Extended Time Series $25/hr | Extended Time Series $35/hr |
| Off Peak Hours $15/hr | Off Peak Hours $20/hr  | Off Peak Hours $25/hr | Off Peak Hours $35/hr |

Complete Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Dentistry Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit funds into MoCode: KCV79

\*No future work can be performed if there is an outstanding balance from previous work.