**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 Academic  Customers) | | | | 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.