To become a registered user of the Microscopy and Imaging Facility within the Institute for Genomic Biology, you must be trained to use each particular instrument. To setup a training appointment, please go to: http://www.igb.illinois.edu/core/training-request and fill out the form. Prior to your training appointment, you will need to complete the following in order:

1. **Computer Account**

   In order to get keys or complete the Safety Exam you need an IGB computer account. This account will enable you to store your data within the Core Facilities. Please go to Room 126 IGB (Concourse level) to establish an account.

2. **User Information and Billing**

   After you get your IGB computer account setup, we will need the following information BEFORE we can set up a billing account. We need your PI's full name and email along with a CFOP or account number to charge your usage to. Please stop by to see Lori Heil in Room 138 IGB (concourse level) or email: lheil@uiuc.edu. This account will be billed (monthly) whenever you use any piece of equipment in the Microscopy and Imaging Facility.

3. **Safety Training/Exam**

   Prior to being issued keys/card access to the building non-faculty researchers, lab workers, and users of the Core Facilities must first pass a safety exam. Please go to the following website: http://www.igb.uiuc.edu/training/. Once this has been completed and passed, send an email to: lheil@igb.uiuc.edu.

4. **Training**

   Once all of these steps have been completed, you will be able to meet with one of the Core Facilities Staff for your training session.

5. **Access to the Core Facilities**

   After training is complete, take your certificate and the IGB Entry Request form (which is attached) to Room 1601 IGB to let them know that you have completed training and need access to the Core Facilities. There will be an $8.50 fee for activation of your prox card. You will get a receipt for prox card access.
6. **Prox Card***

To receive access to the Core Facilities, you will need to go to the University I-Card Center (Illini Union Bookstore; First Floor; 809 South Wright Street; Urbana; Monday - Friday, 9:00 a.m. - 5:00 p.m.; (217) 244-0135, idcenter@uiuc.edu). Bring the receipt from the IGB receptionist and tell them that you are part of the IGB. They will issue you a special I-Card (Prox card). This card will enable you to enter the Core Facilities at the IGB. Bring the I-card back to the IGB receptionist so that she can enable your card. *If you already have a card, please disregard this step.

7. **Other**

We strongly suggest that you use the instruments during the day when facility staff is present until you feel comfortable with the instrument and have not needed additional help for several visits. If you have not used an instrument for several months, it would be helpful to ask a staff member about upgrades before you start using the instrument again.

It is much easier to maintain the instruments when the Microscopy and Imaging Facility staff is aware of how the instruments are performing at all times. Please feel free to ask questions and let us know if the instrument is not performing as you expect or if there is something wrong in the lab.

*PLEASE NOTE: If the behavior of a single user is unnecessarily endangering the equipment, or interfering with the ability of other users to conduct research after hours, further access will be denied.

If you have any questions, please contact:

**Lori Heil, Administrative Support**

lheil@igb.uiuc.edu

217-265-8019
Institute for Genomic Biology
Entry Request Form

Sponsoring Faculty member or designated representative must sign or send email authorizing keys.  Return form to IGB Administration Reception Desk:  8:30 am-12:00 pm and 1:00-5:00 pm.

First Name: ______________________________  Last Name: ______________________________

Net ID: ______________________________  UIN #: ______________________________  Email: ______________________________

*IGB Office/Lab/Cubicle #:  *IGB Office/Lab/Cube Phone#

*Room/Phone published in IGB directory

Dept. Phone #: ______________________________  Cell: ______________________________  Fax: ______________________________

(optional) (optional)

Department Address (if other than IGB):

City: ______________________________  State: ______________________________  Zip Code: ______________________________

Permanent Home Address:

City: ______________________________  State: ______________________________  Zip Code: ______________________________

Preferred Address (circle one):  IGB  Department  Home

Gender:  Male  Female

Training:  Yes  No  Actual Start Date: ______________________________

Faculty Sponsor:
Theme Leader or Designate Signature: ______________________________

If no signature, email confirmation with specific room #(#s), must be sent by theme leader or designate.

Main Theme (circle one):  Other Themes (please list):
Administration (ADM)
Biocomplexity (BCXT)
Business, Economics & Law of Genomic Biology (BioBEL)  Position Type (circle one):  Cellular Decision Making in Cancer (CDMC)
Core Facilities (Microscopy/Apotome/Growth Chambers)  IGB Staff  IGB Fellow
Energy Biosciences Institute (EBI)  Faculty-Affiliate  Student Staff
Genomic Ecology of Global Change  Faculty  UIUC Visitor
Genomics of Neural and Behavioral Plasticity (GBB)  Undergrad with expected graduation date of:  Host Microbe Systems (HMS)
Mining Microbial Genomes for Novel Antibiotics (MMG)  Grad with expected graduation date of:  Regenerative Biology and Tissue Engineering (ReBTE)
Vivarium (DAR)

I, undersigned, acknowledge rendering a deposit of $20.00 for key(s) and $8.50 fee for the prox/key card and receiving a receipt for key(s) and/or key card.  Upon the end of my stay and returning all assigned keys and/or keycard, and providing a forwarding address for first class mail, I will be refunded the full amount ($20.00) of the key deposit.  I agree not to loan, transfer, give possession of, misuse, modify or alter, or make unauthorized copies of any such keys.  If the keys issued to me are either lost or stolen, I will notify IGB immediately.  Upon reissue of said (physical) keys, I will be charged a non-refundable fee of $20.00.  I further accept that if I repeatedly violate this agreement that my privileges of using IGB space and/or resources may be terminated.

Signature: ______________________________  Date: ______________________________