

Microscope Facility
 Physiology Building, Room G04
 725 North Wolfe Street
 Baltimore, Maryland 21205-2105
 410-614-6890 Telephone
 410-955-4129 Fax
 www.hopkinsmedicine.org/micfac
 microscopy@jhmi.edu



Lab Group Membership Form

- Instructions:**
1. Complete Part A & B and sign Part C of this form. (See "Rules for Microscope Facility Members and Users.")
 2. Make a copy of this form for your records and submit the original to:
Loza Lee, Physiology G04
 3. Each member of your lab who needs access to the Microscope Facility must email microscopy@jhmi.edu for training and complete the following forms:
 a) USER ENROLLMENT FORM and b) SOM CARD ACCESS FORM available at <http://www.hopkinsmedicine.org/micfac/Forms.html>

Part A: Principal Investigator Information		
PI Last Name	PI First Name	PI Badge ID Number
PI Department		PI Telephone Number
PI Campus Address		PI Email Address
Part B: Billing Information		
Billing Administrator Last Name	Billing Administrator First Name	Billing Administrator Email
Billing Address (if not PI Campus Address)		
AddrLine1	AddrLine2	City, State, Zip
Cost Center/Internal Order Number (8-10 digits)	CC/IO Expiration Date	G/L Account (Micfac Use Only)
Part C: Principal Investigator Membership Commitment		
<p><i>I have received and read the Rules of the Microscope Facility. I understand that my Lab Group Membership with the JHU SOM Microscope Facility is a 12-month commitment and ending my contract early will result in a penalty equal to two months of membership.</i></p>		
x _____ PI Signature	x _____ Today's Date	
Micfac Use Only		
Received: ___ / ___ / ___		
Entered: ___ / ___ / ___		
Effective: ___ / ___ / ___ to ___ / ___ / ___		