**Training and Service Request Form**

 **Date:**

**Requestor Name:**

**Requestor position:**

**Email:**

**Organization or Department:**

**Principal Investigator / Contact name for billing:**

**Dartmouth College GL/ Project String:**

**Principal Investigator email:**

**Proposed Project Information:** (Please briefly describe the study objective and the question you want to answer, fluorophores used, the sample type and preparation, is the preparation live or fixed? What instrument do you desire training for?)