

BioMERA microCT Access Form



NB. Please contact BioMERA microCT Contact Point (biomera@cyi.ac.cy; please Cc k.lorentz@cyi.ac.cy and a.fatima@cyi.ac.cy) prior to filling this form for consultation on feasibility and/or data acquisition and data analysis details.

Requestor Information

Name

Organization

Address

E-mail

Phone

Reference Partner/ User (if any)

CyI (please tick if appropriate)

Contact name

Center/Unit

E-mail

Phone

TYPE OF ACCESS (please tick as appropriate)

Academia

Organization name

Organization website

Organization E-mail

Organization Phone

Contact Person Name

Contact Person Phone
Contact Person Email

Industrial

Organization name
Organization website
Organization E-mail
Organization Phone

Contact Person Name
Contact Person Phone
Contact Person Email

Legal Representative Name
Legal Representative Phone
Legal Representative Email

Details of other User Participants in the Access Project

Name	Institute/Company	E-mail	Phone
Name	Institute/Company	E-mail	Phone
Name	Institute/Company	E-mail	Phone
Name	Institute/Company	E-mail	Phone
Name	Institute/Company	E-mail	Phone

TYPE OF REQUEST (please tick the appropriate boxes)

Proposal Category

(cf. *Framework for Access to the Physical Research Infrastructures of the Cyprus Institute [CyI]*)

Feasibility test before Access Project (recommended for new access projects)

Relevance-driven Access

Relevance-driven Access Option 1: Collaborative (CyI contributes significantly to the performance of the User Access project and retains co-ownership of the results; co-authorship)

Relevance-driven Access Option 2: Relevance-driven service (CyI does not retain the results' co-ownership)

Market-driven Access

DATA ACQUISITION DETAILS

Please briefly describe your experimental plan (max 200 characters).

SAMPLE MATERIAL DETAILS

Are you going to use Sample material

No

Yes

Sample Details:

Sample shape and size (x x) mm³

Desired spatial resolution micrometers

Number of samples

Scans per sample

Important Note (Please fill in the BioMERA microCT Sample Safety Form) (*Personnel Health and Safety Form is required to be filled once User Access Agreement finalized*) [link of safety form](#)

Describe the environment and/or treatment the sample will be subject to during the experiment (max 200 characters):

Additional Requirements (if any)

List all the *additional* equipment you need to insert in the experimental station (*subject to approval – please contact BioMERA microCT contact point, cf. above*)

Special Requirements (if any)

Indicate your requirements for special equipment or facilities to be used off-line

Duration Of Data Acquisition

Number of days required for this User Access Project

DATA PROCESSING DETAILS

Raw data only (*NB. BioMERA microCT specific software required for reconstruction*)

Reconstructed data (= data for further processing with standard commercial or open source software for data analysis)

Data Analysis

Visualization

Data Interpretation

DESIRED ACCESS DATES

(please indicate at least three separate time periods OR your widest availability; NB. Timing of User Access Project subject to BioMERA microCT scheduling and availability; express fees apply)

Period 1: from (dd/mm/yyyy) to (dd/mm/yyyy)

Period 2: from (dd/mm/yyyy) to (dd/mm/yyyy)

Period 3: from (dd/mm/yyyy) to (dd/mm/yyyy)

NB. Please consult 'Framework for Access to the Physical Research Infrastructures of the Cyprus Institute' and complete and finalise the 'CyI Research Infrastructure Access Agreement' in collaboration with your BioMERA contact point (biomera@cyi.ac.cy; please Cc k.lorentz@cyi.ac.cy and a.fatima@cyi.ac.cy).

Date

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Signature

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Position of the signee

.....

Role of the signee

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