

## NIF Services Form

Assigned to (NIF staff only) \_\_\_\_\_

User Name

User Email

User Phone #

Principle Investigator Name

Institution

## Service Requested

In Situ

Number of Samples

Tissue Clearing

Type:

X-Clarity

ECI

uDISCO

iDISCO

Other

2P Tomography (TissueCyte)

Objective

2x

12.5x

25x

Other

Whole SlideScanning

Objective

10x

20x

40x

Lightsheet Imaging

Mag

1x

2x

Other

Probe/Dye name

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