

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 Slide Scanning	Objective	10x	20x	40x		
Lightsheet Imaging	Mag	1x	2x	Other		

Sample Type: _____

Infectious? Y N

Infectious agent: _____

Probes/Dyes name
