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Biomedical Facility Support Group Form  
CELL CULTURE EXPERIMENTS

<b>Experiment title:</b>  	Proposal number: MD# , MI#, SC# ...or IHR-# or CHU #  Period # 2004-1 or 2  Local Contact or P.I for IHR
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Dear user,

The scientific proposal you submitted has been accepted. This proposal involves **CELL CULTURE** and you will use **the L2 lab** of the biomedical facility.

*Reminder : Specific training by an ESRF Biosafety officer is compulsory before accessing the Containment level 2 lab, please register in advance ([kiely@esrf.fr](mailto:kiely@esrf.fr))*

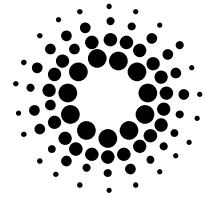
In order to help us to prepare this experiment with you, we request that you:

- complete the following form **in blue**
- save the form using the filename yearmonth\_proposal number\_PInitials (*example 0812\_MD347\_GLD*)
- send it to **[bmf@esrf.fr](mailto:bmf@esrf.fr)**, **[expasaf@esrf.fr](mailto:expasaf@esrf.fr)** at least **6 weeks** in advance. In case this delay is not respected, we do not guarantee to be able to set up your experiment in an optimized way.

### 1- Type of cells :

Precise if they are **human cells** or **rodent cells** and write **the cell line name**

### 2- Period of use of incubator (one incubator maximum per experiment)



from **Month, day** until **Month, day**

**3- Period of use of the hood**

Date	8.00-10.00		10.00-12.00		12.00-14.00		14.00-16.00		16.00-18.00		18.00-20.00	
Post	1	2	1	2	1	2	1	2	1	2	1	2
<b>May 20</b>	<b>x</b>	<b>x</b>	<b>x</b>		<b>x</b>		<b>x</b>					

**4- List of consumables needed of the experiment**

This list should contain the name of the items, the reference number in the catalogue, the price/quantity , the company address (including phone number, webpages and potentially the name of a contact). If no catalogues are available, a quotation is needed.

*A list can be attached to the mail*

**5- Support needed at the level of BMF**

In case you have special needs ( request for defrozing cells in advance and change of medium, request for dry ice in order to send some cells, request for receiving a parcel containing cells), let us know.

*Date :*

*Print name:*