

Application for training at HKUST Biological Cryo-EM Center

(*Please fill out and sign the form, and bring printed hardcopy to Rm2230, near lift-23)

Name of Applicants: _____ Name of Supervisor: _____

Staff/Student ID number: _____

Name of Faculty /Department: _____

Name of University /Institute /Other organization: _____

Applicant's mobile (for emergency): _____

Applicant's email address: _____

Payment account: _____ (leave it blank, if you're external of HKUST).

For HKUST external users, please select the payment method below:

By bank remittance with debit note insurance

Training contents:

Training	Details	Select with “√”
Individual training Talos 120 kV microscope	Negative staining	
	Operation of Talos microscope (4 - 8 hours)	
Group training Talos 120 kV microscope (up to 2 trainees)	Negative staining	
	Operation of Talos microscope (8 - 10 hours)	
Group training Glacios 200 kV microscope (up to 2 trainees)	Cryo-specimen preparation (1 - 2 hours)	
	EPU operation of Glacios 200 kV (8 – 16 hours)	
Group training Aquilos (up to 2 trainees)	Cryo-FIB Aquilos training (16 hours required)	
Group training High pressure freezing (up to 2 trainees)	CryoCapCell live micro HPF training (2 - 4 hours required)	
Group training Leica sectioning machine (up to 2 trainees)	Leica UC7 & FC7 operation training (16 hours required)	

Important: The trainee understands the safety requirements of the Biological Cryo-EM center, and understands that any risky behavior in the facility might put him/herself in danger and cause serious damage to the microscopes and people working around. The trainee understands he/she shall follow the instruction of EM staff and never try to fix a problem he/she might encounter without notifying EM staffs. Always report abnormal observations to the EM staff.

Yes / No

The training costs cover the beam time only. Consumables would be charged separately based on usage. Payment shall be made to the Cryo-EM biological center before one training session can be scheduled.

Yes / No

Signature of trainee: _____

Date:

Signature of trainee's Supervisor: _____

Date:

*For Biological Cryo-EM Center staffs to fill

Record number: 2025 ()

Listed number of hours trained:
