

Application form for using Biological Cryo-EM facility

(*Please fill out and sign the form with black/blue ink, send a scanned copy to yizhang@ust.hk; and kindly bring the hardcopy to RM2230, Academic building, near lift-23.)

*Please note valid application requires to fill out **all*** the blanks, and signed by all applicants and supervisors.*

Agreement:

The user agrees that acknowledgement shall be clearly addressed when results are published elsewhere*,

"The EM dataset was collected at the Biological Cryo-EM Center, generously supported by a donation from the Lo Kwee Seong Foundation, to UST".

User is responsible to provide annual feedback to the Biological Cryo-EM Center on request or upon manuscript submission.

☐ *I agree "the acknowledgement shall be clearly addressed, and feedback will be provided on request or upon manuscript submission".

☐ *I disagree "the acknowledgement shall be clearly addressed, and feedback will be provided on request or upon manuscript submission".

User Information:

Name of Applicants: _____ Staff/Student ID: _____

Name of Supervisor: _____

Name of Faculty/Department: _____

Name of University /Institute /Other organization: _____

Applicant's mobile (for emergency): _____

Applicant's email address: _____

Payment account: _____ (*The account is provided if you are UST internal users; please leave "N/A " and go to next blank if you are external UST users.)

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

☐ By bank remittance with debit note insurance

Sample Information and Hazardous:

What your sample(s) is/are? (e.g. Molecular weight? Dimension in nanometer? Components etc. ?)

*Any compound(s)/component(s) of your samples is/are:

Toxic? Yes ☐ / No ☐

Magnetic? Yes ☐ / No ☐

Radioactive? Yes ☐ / No ☐

Bio-hazardous? Yes ☐ / No ☐

Research Project:

Abstract*: (Pages could be attached if the space is limited.)

Preliminary results and cryo-EM images if available*:

Signature/Stamp of Applicants: _____

Date: _____

Signature/Stamp of Supervisor: _____

Date: _____

*For Biological Cryo-EM Center research committee members to fill out.

Date received: 2026/ _____

Approved: Yes ☐ / No ☐

Equipment assigned: Talos ☐ / Glacios ☐ / Titan Krios ☐ / Aquilos ☐

HPF ☐ / Leica UC7& FC& ☐

If approved, assigned experiment dates: _____

Sample loaded (number) _____

After experiment, payment received? Yes ☐ / Not yet ☐

Other notes: