

## **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](mailto: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: \_\_\_\_\_

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\*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:

