

Project Registration Form

Helios

20_10_21

Return to: info.imc@dbmr.unibe.ch

| | |
|--------------------------------------|----------------|
| Name: | Email address: |
| Institute/Department: | |
| Group leader: | |
| Billing code number for cost center: | |
| Billing Address: | |

| |
|-----------------------------------|
| Project Title: |
| |
| Short description of the project: |
| |

Project starting date: dd-mm-yyyyPreferred starting date of sample acquisition: dd-mm-yyyy



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Experience level of the user with CyTOF

- No experience
- Intermediate level
- Expert level

When to schedule a project meeting

- Not necessary
- ASAP
- Next month
- Other: _____

Data analysis

- We have a person selected to perform the data analysis with previous experience.
- We would like information from the IMC Platform on possible data analysis options.

Agreement

- I accept the Helios Registration form and agree to the price list.

Place _____, Date: dd-mm-yyyy _____

Signature User

Signature Group Leader

Signature of MB member
