



Request formular Cytoviva darkfield

Contact

First name and Surname

Title and function

Institute

Group leader

Address

Billing address

Phone

Email

Your experience with Cytoviva Darkfield instruments

Experience (in hours)

Provide information on the amount of time **YOU** (not an operator for you) have worked with a Cytoviva Darkfield microscope.

Techniques Hyperspectral 3D Fluorescence Other

In case of existing experience, please provide the techniques YOU have used

Your project

Project title

Description

Required techniques Hyperspectral 3D Fluorescence Other

Operator required? Yes No

Number of samples

Sample type

Biological samples, polymers, material science samples, ...

Sample preparation

(fixed, live, ...)

Fluorescence markers

Project time range

Is this a minor part of a project (e.g. for one publication) or a longer project (PhD or PostDoc)?

Planned start and end
