



MARTIN-LUTHER-UNIVERSITÄT
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Core Facility Imaging (CFI)

User information

Name:

Phone:

E-Mail:

Address:

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Safety disclosure

Biological safety S1 (Aktenzeichen):

Chemical safety (comments):

1

2

3

I declare that **no** biological work is carried out under **S2** safety conditions.

General information

I have read and accept the User and Billing Policy of the CFI
(<https://web.uk-halle.de/index.php?id=841&L=1%29&L=1>)

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Date

Signature