



REA Date Stamp

USUHS FORM 3220
BIOMEDICAL INSTRUMENTATION CENTER (BIC)
SERVICES AND EQUIPMENT

Note: When submitting a grant application through the Office of Research, please include a line item for expected BIC Chargeback Fees in your budget.

Protocol Number: _____
Principal Investigator: _____
Department: _____ **Phone:** _____
Project Title: _____

Service/Equipment	Projected Usage (total hours/year or number of samples or other)
Oligo-nucleotide synthesis	_____
Oligo-peptide synthesis	_____
DNA Sequencer	_____
Peptide Sequencer	_____
Coulter EPICS XL Flow Cytometry (Cell Analyzer)	_____
Coulter EPICS Elite ESP Flow Cytometry (Cell Sorter)	_____
BIAcore (optical sensor system)	_____
Philips Electron Microscope	_____
Darkrooms/photographic equipment	_____
CellScan (deconvolution microscope)	_____
Confocal Microscope/Image Analysis	_____
Olympus BH-2 Microscope	_____
Zeiss Photomicroscope	_____
Meridian ULTIMA	_____
Lasers/Laser Microbeam Facility: Specify: _____	_____
Other Light Microscopes	_____
Other Equipment: Specify _____	_____
Services: Setting up equipment	_____
Training/technical assistance	_____
Custom fit equipment	_____
Maintenance other equipment	_____
Programming	_____
Does your budget section have a line item for BIC charges?	Yes _____ No _____

Principal Investigator (signature)

Date