## **Training Request Form for Life Sciences Core Facilities**

Fill the form and click on Submit to send completed form to Davis location: xin.zhao@utoronto.ca

NSB location: quang.to@utoronto.ca

Applicant Name	Lab Room	Building
Principal Investigator Name		
Select Training		
Cell Culture Facility Introduction –Davi	s Cell Cu	ture Facility Introduction- NSB
Autoclave Facility-Autoclave	Autocla	ve facility-Labware Washer
Cell and Molecular Biology Facility Intro	duction Handlin	g Cell Culture with Viruses
Individual Instrument Training (Mandatory for Freeze Dryer, Microfluidizer, Ultracentrifuge, High Speed Centrifuge, Fastprep96, qPCR, Maxwell RSC, Plate Reader, IBright FL1500, Liquid Nitrogen Tank, instruments with UV source such as Biorad GelDoc): Please Specify		
Attendee Information (If more spaces are needed, please fill another form.)		
Full Name UTORid	Position in Lab	Email
1.		
2.		
3.		
4.		
List at Least Two Available Times for Next Two Weeks		
Date Time		
1.		
2.		
3.		