



MARTIN-LUTHER-UNIVERSITÄT  
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# Core Facility Imaging (CFI)

## User information

Working group leader:

Phone:

E-Mail:

Address:

1  
2  
3  
4  
5  
6  
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## Safety disclosure

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Biological safety S1 (AktENZEICHEN):

Chemical safety (comments):

1  
2  
3

I declare that **no** biological work is carried out under **S2 (or higher)** safety conditions.

## General information

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I have read and accept the User and Billing Policy of the CFI

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Date

Signature

