Training and access

- Usage of any advanced equipment at the facility (microscopes, flow cytometer, and cell sorter) is only allowed after personal training from the director, or training at another UB facility with similar equipment. **Trained users are not allowed to train others for this equipment.**

- For all other equipment at the facility, training can be done either by trained users or the director.

- Open access to the facility is available M-F from 9 am to 5 pm. If you require off-hours access, please contact the facility director.

- For building access, please contact the director at amccall@buffalo.edu.

Acknowledgement of core contributions

- Please acknowledge the **Optical Imaging and Analysis facility** in your publications (example below), and inform us at the time of publication.

“{Microscopy, Flow Cytometry, etc.) data in this study was acquired at the Optical Imaging and Analysis Facility, School of Dental Medicine, State University of New York at Buffalo.”

- Twice per year I will send out our current list of papers via the listserv. To facilitate grant applications, please notify me if any of your papers need to be added to the list.

Safety and cleanliness

- When using the confocal microscope, **never tilt your sample when the system is scanning**, even if you do not see any light! Your slide can act as a mirror and reflect laser light into your eye.

- The facility has several Metal Halide lamps as light sources for all the microscopes. The bulb in these lamps contains small quantities of **mercury vapors** that are highly toxic. It is extremely rare that such a bulb explodes, but it does happen. In the event of a Metal halide bulb exploding, an audible sound can be heard and one can detect a smell of burnt plastic. Everyone should evacuate the room immediately. Please place a paper on the door to tell others not to enter. Inform the facility director of the incident, as a report must be filed. The room must be ventilated for at least 30 min, after which one can work as normal.

- The facility is classified at the **lowest biosafety level**. Low-risk cell lines and organisms that can be carried in normal corridors can be brought to the facility. Other cell lines and organisms may not be brought to the facility.

- **Gloves are not to be worn** while operating any of the equipment or computers. They may only be worn in the fume hood, or at the adjacent work bench. If you feel you need to wear gloves elsewhere in the facility, please contact the director. The facility does not provide gloves. You must bring your own.

- Significant efforts have gone into cleaning this core facility, and we (the facilities staff and myself) would greatly appreciate your cooperation in maintaining this cleanliness. **Please properly dispose of or carry out anything you bring into the facility.** Any used supplies (slides, pipettes, dishes, tubes, etc.) must be removed from the facility and disposed of at your lab.

- **No eating or drinking in the facility at any time.**

Reservations and cancellation

- All reservations must be made through the facility web calendar. Please contact the facility director to obtain a calendar login. Calendar url: [lundar.med.buffalo.edu/perl/cmfsignup.pl](lundar.med.buffalo.edu/perl/cmfsignup.pl)
- Please remember to **enter all booked hours in the web calendar**, including times when you just see that the system is free and start using it. The usage statistics we get from the calendar are important when we evaluate future purchases.

- Any off-hours microscope reservations or **cell sorter cancelations** must be made by at least **2 pm on the prior working day**. *(i.e. Friday by 2 pm for a reservation on Sunday).* **Cancellation of a cell sorter reservation after this time will result in a 1 hour instrument use charge.**

- **Be considerate of other users**, if you finish early or cancel your reservation, check the web calendar to see if there is another reservation immediately following your own. If so, contact this user (click on the reservation name to see their contact information) and inform them that the equipment is now available.

**Computer usage and data storage**

- To increase the security of our computers, we are asking that all users **refrain from using USB drives** and instead **transfer their data using the UBbox system** *(http://www.buffalo.edu/ubit/ubbox.html).*

- Small experiment files (<2 GB) may be stored on the computers to allow for the reloading of parameters. Please check for and delete any old files on these systems at least once per year.

- **Larger files may be stored temporarily** on the computers of the core facility, while the files are transferred and verified to not be corrupted. Please delete any files of this size within one week. Very large files (>10 GB) should be deleted as soon as possible.

- While we are allowing files to be stored on facility computers primarily for parameter reloading and allowing quick comparison to recent experiments, please bear in mind that **files on these computers may be deleted at any time, particularly large or old files**. These computers are not for long term storage of data, and we do not back up any of the data on them.

**Human Subjects Research (signature required)**

- Any data related to human subjects research must use IRB standard operating procedures for the handling of such data, meaning **any human subjects data acquired at the core facility must be de-identified**. No identifying personal data for the subjects should be on the facility computers at any time. Violations of this will be immediately reported to the IRB, and any files found containing personal data will be removed from the computer.

- In an effort to better track the usage of our equipment and to facilitate grant applications, we are asking that all users performing research on human subject samples provide us with a project title.

- All samples from human subjects must have been obtained with an approved IRB protocol or have been determined to be not human subjects research by the IRB. By signing below, you indicate that any human samples brought to the facility by you or members of your lab meet one of these requirements.

**Name (Print):** __________________________________________

**Signature:** ___________________________________________ **Date:** ___________________

**Project Title (optional):** ___________________________________________________________________________