



Charité | Campus Charité Mitte | 10117 Berlin

**Advanced Medical Bioluminescence Imaging  
Core Facility – AMBIO**

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Dear User and Principle Investigator,

This form has to be filled out and signed by both, the **new User** and the **principle investigator (PI)**, and must then be returned to the AMBIO facility (Charité – Universitätsmedizin Berlin, CCM, CCO Room 01-306, Virchowweg 6, 10117 Berlin) before the initial project discussion, either in printed form, or as an attachment in the [IRIS AMBIO Project and Training Request](#):

The new User and PI hereby declare to have understood and accepted the [AMBIO User Guidelines and Rules including the Safety Rules](#), as available online at [https://ambio.charite.de/en/user\\_registration/](https://ambio.charite.de/en/user_registration/). It is further understood that these Guidelines and Rules may be updated or changed in agreement with the AMBIO steering committee. Registered Users and PIs will be notified of essential changes (service fees).

Furthermore, the new User and PI have understood that a fee will be charged for the usage of AMBIO services as outlined in the AMBIO User Guidelines and Rules, and that they are willing and able to pay the fees.

**Date:**

**USER:** .....  
(print name) (signature)

**PI:** .....  
(print name) (signature)