

PROJECT DESCRIPTION

MUST BE COMPLETED PRIOR TO LABORATORY WORK

CMRF OFFICE USE

Date: _____

Account: _____

INVESTIGATOR INFORMATION

Your Name: _____

Your HawkID: _____

Your Email Address: _____

Faculty Lab/PI: _____

Department: _____

Campus Lab Address: _____

Campus Lab Phone: _____

CMRF Staff Contact: _____

BILLING INFORMATION

MFK Number (must be provided below)

Fund	Org	Dept	Sdept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr	% Split
					6218					
					6218					

Would you like a detailed invoice mailed monthly? Name: _____ Campus Address: _____

Direct Billing (Not Funded- please provide a billing address)
Billing Address: _____
City, State, Zip: _____

FUNDING INFORMATION

Please select all agencies currently funding this project

NIH NCI NSF DOD DOE NASA USDA

Other Agency: _____

Program/Center Memberships (check all applicable)

Cancer Center Gene Therapy Inflammation Program

Other Affiliations: _____

SPECIMEN DESCRIPTION

Animal: _____ Microbial: _____

Chemical: _____ Pharmaceutical: _____

Dental: _____ Botanical: _____

Engineering: _____ Other: _____

Geological: _____

Hazardous or infectious samples will be involved in my project. *If so, notify a CMRF staff member.*

PLANNED FACILITY USAGE

Please check all planned techniques

- Atomic Force Microscopy
- Autoradiography
- Confocal Microscopy
- Cryofixation
- Cryomicrotomy
- Cryosubstitution
- Embedding
- Enzyme Cytochemistry

- Freeze Fracture
- IVIS System
- Immunocytochemistry
- Laser Capture Microscopy
- Light Microscopy
- Live Cell Ion Imaging
- Multiphoton Microscopy
- Paraffin

- Photography
- Scanning Electron Microscopy
- Scanning Probe Microscopy
- Stereology
- Transmission Electron Microscopy
- X-ray Microanalysis
- X-ray Photoelectron Spectroscopy
- Other: _____

A CMRF staff member will be handling the microscopy for this project

BRIEF PROJECT DESCRIPTION

Please provide a title (or web address) for your project and a brief description. Use other side if necessary.

Project Title: _____

Description: _____

Faculty Signature: _____

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