CMRF OFFICE USE

Date: ____________________________  Account#: ____________________________

☐ Excel  ☐ Sage 50  ☐ Validate MFK  ☐ Email

INVESTIGATOR INFORMATION

Your Name: ____________________________  Department: ____________________________
Your HawkID: ____________________________  Campus Lab Address: ____________________________
Your Email Address: ____________________________  Campus Lab Phone: ____________________________
Faculty Lab/PI: ____________________________  CMRF Staff Contact: ____________________________

BILLING INFORMATION

☐ MFK Number (must be provided below)

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☐ Invoices are emailed monthly - Please list two names that should receive the invoice email:

Name: ____________________________  Email Address: ____________________________
Name: ____________________________  Email Address: ____________________________

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  ☐ P30  ☐ Inflammation Program

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

☐ Confocal Microscopy  ☐ IVIS System  ☐ Photography
☐ Cryofixation  ☐ Immunocytochemistry  ☐ Scanning Electron
☐ Cryomicrotomy  ☐ Laser Capture Microscopy  ☐ Microscopy Stereology
☐ Cryosubstitution  ☐ Light Microscopy  ☐ Transmission Electron Microscopy
☐ Embedding  ☐ Live Cell Ion Imaging  ☐ X-ray Microanalysis
☐ Enzyme Cytochemistry  ☐ Paraffin  ☐ X-ray Photoelectron Spectroscopy
☐ Freeze Fracture

☐ Other:

BRIEF PROJECT DESCRIPTION

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

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

Project Title: ____________________________
Description: ____________________________

Faculty Signature: ____________________________

In support of the University of Iowa’s mission, Investigators using the resources of the Central Microscopy Research Facility (CMRF) agree to properly acknowledge the Office for the Vice President of Research (OVPR) and the CMRF when presenting or publishing any data generated within the facility. Where appropriate, CMRF staff should be considered for authorship.

Location: 85 Eckstein Medical Research Building
Phone: (319) 335-8142  http://cmrf.research.iowa.edu