

# PROJECT DESCRIPTION

MUST BE COMPLETED PRIOR TO LABORATORY WORK

## 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)

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

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>