**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**

A valid 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. I will notify a CMRF staff member.

**PLANNED FACILITY USAGE**

Please check all planned techniques

☐ Confocal Microscopy   ☐ Stereology   ☐ Scanning Electron Microscopy

☐ Cryofixation   ☐ Immunocytochemistry   ☐ Transmission Electron Microscopy

☐ Cryomicrotomy   ☐ Laser Capture Microscopy   ☐ Other: ___________________________

☐ Cryosubstitution   ☐ Light Microscopy   ☐

☐ Embedding   ☐ Live Cell Imaging   ☐

☐ Enzyme Cytochemistry   ☐ Paraffin   ☐

☐ Freeze Fracture   ☐

**BRIEF PROJECT DESCRIPTION**

☐ A 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.

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