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

<table>
<thead>
<tr>
<th>Fund</th>
<th>Org</th>
<th>Dept</th>
<th>Sdept</th>
<th>Grant/Program</th>
<th>Inst Act</th>
<th>Org Act</th>
<th>D/A</th>
<th>Fn</th>
<th>Cost Or</th>
<th>% Split</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6218</td>
</tr>
</tbody>
</table>

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: ______________________

PLANNED FACILITY USAGE
Please check all planned techniques

- Confocal Microscopy
- Cryofixation
- Cryomicrotomy
- Cryosubstitution
- Embedding
- Enzyme Cytochemistry
- Freeze Fracture
- Immunocytochemistry
- Laser Capture Microscopy
- Light Microscopy
- Live Cell Ion Imaging
- Paraffin
- Scanning Electron
- Microscopy Stereology
- Transmission Electron Microscopy
- X-ray Microanalysis
- Other:

BRIEF PROJECT DESCRIPTION

HAZARDOUS SAMPLES: If your samples contain hazardous or infectious materials, please make sure to contact Randy Nessler (randy-nessler@uiowa.edu) and Thomas Moninger (thomas-moninger@uiowa.edu).

- Hazardous or infectious samples (above BSL-1) will be involved in my project
- My PI knows that I’ll be working on hazardous/infectious samples in the CMRF
- My samples contain no hazardous or infectious materials

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