INVESTIGATOR INFORMATION

Your Name: ________________________________________________
Your HawkID: _____________________________________________
Your Email Address: _______________________________________
Faculty Lab/PI: ___________________________________________
Department: ______________________________________________
Campus Lab Address: ______________________________________
Campus Lab Phone: ________________________________________
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
- Engineering:
- Other:
- Geological:

- Hazardous or infectious samples will be involved in my project. (BSL-2 only, no BSL-2+ or above work allowed in the CMRF). I will notify a CMRF staff member.
- My samples contain no hazardous or infectious materials.

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
- Stereology
- Immunocytochemistry
- Laser Capture Microscopy
- Light Microscopy
- Live Cell Imaging
- Paraffin
- Scanning Electron Microscopy
- Transmission Electron Microscopy
- Other: _______________________

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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