INVESTIGATOR INFORMATION

Your Name: ___________________________ Department: ___________________________

Your HawkID: ___________________________ Campus Lab Address: ___________________________

Your Email Address: ___________________________ Campus Lab Phone: ___________________________

Faculty Lab/PI: ___________________________ CMRF Staff Contact: ___________________________

New users must be trained by CMRF STAFF before running instrument independently at CMRF

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:

Is your PI a full or Associate cancer center member

- Yes
- No

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
- Slides Scanner
- Immunocytochemistry
- Laser Capture Microscopy
- Light Microscopy
- Live Cell Ion Imaging
- Paraffin
- Photography
- Scanning Electron
- Microscopy Stereology
- Transmission Electron Microscopy
- X-ray Microanalysis
- X-ray Photoelectron Spectroscopy
- Other: ___________________________

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