

PROJECT DESCRIPTION

MUST BE COMPLETED PRIOR TO LABORATORY WORK

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*

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Confocal Microscopy | <input type="checkbox"/> Slides Scanner | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Cryofixation | <input type="checkbox"/> Immunocytochemistry | <input type="checkbox"/> Scanning Electron |
| <input type="checkbox"/> Cryomicrotomy | <input type="checkbox"/> Laser Capture Microscopy | <input type="checkbox"/> Microscopy Stereology |
| <input type="checkbox"/> Cryosubstitution | <input type="checkbox"/> Light Microscopy | <input type="checkbox"/> Transmission Electron Microscopy |
| <input type="checkbox"/> Embedding | <input type="checkbox"/> Live Cell Ion Imaging | <input type="checkbox"/> X-ray Microanalysis |
| <input type="checkbox"/> Enzyme Cytochemistry | <input type="checkbox"/> Paraffin | <input type="checkbox"/> X-ray Photoelectron Spectroscopy |
| <input type="checkbox"/> Freeze Fracture | | <input type="checkbox"/> 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>