

# PROJECT DESCRIPTION

MUST BE COMPLETED PRIOR TO LABORATORY WORK

Please send completed form to [cmrf-accounting@uiowa.edu](mailto:cmrf-accounting@uiowa.edu)

## 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					

Please list alternate contact names:

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"/> Image Processing and Analysis    |
| <input type="checkbox"/> Cryofixation         | <input type="checkbox"/> Immunocytochemistry      | <input type="checkbox"/> Scanning Electron Microscopy     |
| <input type="checkbox"/> Cryomicrotomy        | <input type="checkbox"/> Laser Capture Microscopy | <input type="checkbox"/> Particle sizing                  |
| <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"/> Other: _____                     |
| <input type="checkbox"/> Freeze Fracture      |   |   |

## BRIEF PROJECT DESCRIPTION

**HAZARDOUS SAMPLES:** If your samples contain hazardous or infectious materials, please make sure to contact Randy Nessler ([randy-nessler@uiowa.edu](mailto:randy-nessler@uiowa.edu)) and Thomas Moninger ([thomas-moninger@uiowa.edu](mailto: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) 335-8143

<http://cmrf.research.iowa.edu>