

PROJECT DESCRIPTION

MUST BE COMPLETED PRIOR TO LABORATORY WORK

CMRF OFFICE USE

Date: _____

Account#: _____

Excel Sage 50 Validate MFK Email

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)

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

SPECIMEN DESCRIPTION

• Animal: _____ Microbial: _____

• Chemical: _____ Pharmaceutical: _____

• Dental: _____ Botanical: _____

• Engineering: _____ Other: _____

• Geological: _____

• Hazardous or infectious samples will be involved in my project. *If so, notify a CMRF staff member.*

PLANNED FACILITY USAGE

Please check all planned techniques

Confocal Microscopy

Cryofixation

Cryomicrotomy

Cryosubstitution

Embedding

Enzyme Cytochemistry

Freeze Fracture

IVIS System

Immunocytochemistry

Laser Capture Microscopy

Light Microscopy

Live Cell Ion Imaging

Multiphoton Microscopy

Paraffin

Photography

Scanning Electron

Scanning Probe Microscopy

Microscopy Stereology

Transmission Electron Microscopy

X-ray Microanalysis

X-ray Photoelectron Spectroscopy

Other: _____

BRIEF PROJECT DESCRIPTION

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.

Location: 85 Eckstein Medical Research Building
Phone: (319) 335-8142 <http://cmrf.research.iowa.edu>