MUST BE COMPLETED PRIOR TO LABORATORY WORK

Date: ___________________________  Account#: ___________________________

☐ Excel  ❑ Sage 50  ☐ Validate MFK  ☐ Email

INVESTIGATOR INFORMATION

Your Name: ___________________________  Department: ___________________________
Your HawkID: ___________________________  Campus Lab Address: ___________________________
Your Email Address: ___________________________  Campus Lab Phone: ___________________________
Faculty Lab/PI: ___________________________  CMRF Staff Contact: ___________________________

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:

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

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