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
- Image Processing and Analysis
- Scanning Electron Microscopy
- Stereology
- Transmission Electron Microscopy
- X-ray Microanalysis
- 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