

# Molecular and Cellular Imaging Center

## Microscopy Form

Name ..... Phone .....

Department ..... E-mail .....

Address ..... Date .....

### Project:

Project title .....

Project's PI .....

Project funding source .....

Type of microscopy (TEM, SEM or Confocal) .....

Estimated duration of the project from ..... to .....

Please describe the project briefly .....

.....

.....

.....

.....

### TEM samples:

Type of sample processing (negative staining or thin sections) .....

Number of samples (specimens, blocks, grids) .....

Requested turn-around time .....

Who will examine the sample at the EM .....

Have you done electron microscopy work before .....

Have you used an electron microscope before .....

Will you need training and/or help in : sample preparation: .....

microscope use: ..... electron microscopy data interpretation: .....

**You need to acknowledge the use of the OARDC/OSU Molecular and Cellular Imaging Center in your publications. We also need five original reprints of any publication, which includes data obtained using the Centers' resources.**