EM Core Work/Submission Form

**(must be completed before sample drop off)**

Electron Microscopy Research Lab / University of Kansas Medical Center/

B015 Lied Biomedical Research Bldg

Tel (913) 588-7003

Must be send to the [integrative-imaging@kumc.edu](mailto:integrative-imaging@kumc.edu) and Larysa Stroganova [lstroganova@kumc.edu](mailto:lstroganova@kumc.edu)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing info: Grant number\_\_\_\_\_\_\_\_\_\_\_\_ Cost Center\_\_\_\_\_\_\_\_\_ Fund\_\_\_\_\_\_\_\_\_\_\_ NACUBO function\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worktag\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative contact (email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client type (choose one): KUMC faculty, non-KUMC academic, commercial

**Please provide a narrative description of your project and include all relevant information:**

1. Number of samples:
2. Description of sample(s) and sample identification numbers

Exosomes / cell monolayer / cell pellet / tissue type

1. Description of solution in which sample is suspended: 2% glutaraldehyde or other

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1. Description of work to be done -TEM, SEM, negative staining, et c:
2. Other special instructions. Sample orientation, drawings, et c:

FOR EMRL STAFF ONLY:

EMRL ID Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Project Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Project Completed and Client Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_