



Electron Microscopy Center

PROJECT INFORMATION SHEET

DATE: _____

Please type or write clearly

User Name: _____

Advisor/Supervisor/PI: _____

Department/Company: _____

Address: _____

Telephone: _____ E mail: _____

Account Number: _____ Account Expiration Date: _____

Description of specimen:

Description of research project/services requested:

Safety Information (Please check all that apply).

- ❖ Nature of Specimen (Please specify): Non-Biological / Biological
- ❖ Specimen type: Pathogen ____ Bacteria ____ Virus ____ Animal tissue ____
Plant tissue ____ Human tissue ____ Radioactive ____ Non-hazardous ____ Other ____

Please describe additional potential hazards associated with the specimen.

***NOTE:** Cost estimates are not binding and are subject to change. Significant changes in projected costs will be submitted to investigators for approval prior to work being done. Charge may be applied for rush projects. Large numbers of specimens, non-standard procedures, development of new protocols, etc., may increase project completion times.