

CRYO-ELECTRON MICROSCOPY RESEARCH CENTER (CEMRC)

A Research Facility of the University of Wisconsin-Madison
Suite 1220A, Hector F. DeLuca Biochemical Sciences Building
440 Henry Mall, Madison, WI 53706

NEW USER/PROJECT REQUEST FORM

User's Name: _____ **Title:** _____
Principal Investigator's Name: _____
Department: _____
Institution: _____
Bioarrow Protocol Number (UW Laboratories): _____
Address: _____
Telephone: _____ **Email:** _____
Submission Date: _____

Research Facility Summary: The CEMRC is equipped with several cryo-electron microscopes, light microscopes, and the necessary preparative equipment. We support projects that span a wide range of topics, from macromolecular structural biology, nanobiology, virology, microbiology, cell biology, and soft materials science. We employ a variety of techniques for examining specimens ranging in size from 10-1,000 nm, with resolutions in some cases at sub-nanometer detail. Available techniques include negative stain sample processing and imaging, cryo-EM sample processing and imaging, and image processing support for single particle reconstruction, electron tomography, and helical reconstruction.

If you have a proposal you think would be appropriate for cryo-EM at the CEMRC, please submit detailed information via the form below. Once submitted, CEMRC leadership will evaluate your proposal. If the project appears promising, we typically begin with a consultation meeting to develop an initial set of experiments to assess feasibility. If you wish to discuss the general feasibility of your project prior to submitting a proposal, please contact Keith Thompson and Elizabeth Wright (kjthompson@wisc.edu, erwright2@wisc.edu). If you have confidentiality concerns, please discuss them with Elizabeth Wright.

Authorship: We perform work that is highly collaborative. For each project, our center group members devote significant amounts of effort in carrying out the projects at one or more phases in the project pipeline from specimen preparation and data collection to structure interpretation. If your research project involved significant contributions from CEMRC staff, please recognize CEMRC staff with co-authorship on manuscripts.
PI/User Initials: _____

Acknowledgement: If your research project was supported in part by the CEMRC (but not meriting co-authorship), please acknowledge the facility in your publications, abstracts, presentations, posters, and grant proposals, etc. using variations of the text "This research project was supported in part by the Cryo-EM Research Center in the Department of Biochemistry at the University of Wisconsin, Madison."
PI/User Initials: _____

Biosafety Policy For The Cryo-EM Research Center: All experiments that require a biosafety protocol (ehs.wisc.edu/do-you-need-a-biosafety-protocol/) in the facility MUST be covered by the submitting laboratory's own approved Biosafety Protocol. All users will provide CEMRC staff with a copy of their Biosafety Protocol during the initial project review period. CEMRC is not currently approved to handle

samples above BSL-2 or select agents. All users will need to add CEMRC research spaces to their own Biosafety Protocol before the onset of experiments.

PI/User Initials: _____

Project Description: Please state the specific goals of the project. Include as much information about the specimen as possible. Please also include a few citations for the most relevant literature. This abstract may be used in the CEMRC Annual Report. Please be concise and submit a **typed electronic** form.

ADDITIONAL INFORMATION ON THE PROPOSED PROJECT

1. Proposed duration for the completion of this project: _____
2. Number of samples (estimate): _____
3. Did you provide a copy of your laboratory's Biosafety protocol? Yes No
4. Biosafety Protocol #: _____
5. Is the user capable of independently preparing negative stain samples? Yes No
6. Do you want to be present during sample preparation (no extra charge)? Yes No
7. Do you want to be present during imaging sessions (no extra charge)? Yes No
8. Do you want to learn the methods associated with the generation of three-dimensional reconstructions (may include additional charges)? Yes No
9. Do you agree to the CEMRC policies for data storage (see CEMRC website)? Yes No
10. PI's signature to acknowledge terms outlined here and above _____

AUTHORIZATION FOR CHARGES

Proposed budget for this project (Fee structure available on CEMRC website): _____

For UW-Madison Investigators:

Funding String: _____

PI Name: _____

For External Investigators: Contact Elizabeth Wright (erwright2@wisc.edu) to discuss billing

Submit Completed Form To: Cryo-Electron Microscopy Research Center
University of Wisconsin
Suite 1220A HFD Biochemical Sciences Building
440 Henry Mall, Madison, WI 53706