

A Research Facility of the University of Wisconsin-Madison  
Suite B1131, Hector F. DeLuca Biochemical Sciences Building  
420 Henry Mall, Madison, WI 53706

### SAMPLE SUBMISSION FORM

This form must accompany all new types of samples that enter the CEMRC research spaces and must be provided to CEMRC staff at least 24 hours before arrival.

**Principal Investigator's Name:** \_\_\_\_\_ **User Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Sample Submission Date:** \_\_\_\_\_ **Suggested Completion Date:** \_\_\_\_\_

**Biosafety Level:**      BSL-1                       BSL-2

**Biosafety Protocol #:** \_\_\_\_\_

**Sample description** (source, strain and modifications, titer, pre-treatment, sample buffer when submitted, etc.):

**Sample identification:** Please list all labels as they are written on the sample vials. (Attach a separate page if needed.)

**Requested procedures** (Select all requested):

Conventional TEM:	<input type="checkbox"/> Negative-stain	<input type="checkbox"/> Immuno-labeling		
	<input type="checkbox"/> 2D-imaging	<input type="checkbox"/> Tomography	<input type="checkbox"/> Electron diffraction	
Sample preparation:	<input type="checkbox"/> Glow discharge	<input type="checkbox"/> C-coating	<input type="checkbox"/> Plunge freezing	
Cryo-TEM:	<input type="checkbox"/> Cryo-immuno			
	<input type="checkbox"/> 2D-imaging	<input type="checkbox"/> Tomography	<input type="checkbox"/> Electron diffraction	
Data processing:	<input type="checkbox"/> Single particle	<input type="checkbox"/> Tomography	<input type="checkbox"/> Electron diffraction	<input type="checkbox"/> Other

Other methods: \_\_\_\_\_

**Microscopy:**

Would you like to be present during the imaging session?      Yes                       No

Structure of interest to be imaged: \_\_\_\_\_

Magnification range for images recorded: \_\_\_\_\_

**FOR CEMRC STAFF USE ONLY:**

Sample Received By: \_\_\_\_\_ Sample Processed By: \_\_\_\_\_ Sample Imaged By: \_\_\_\_\_