**Morrison Microscopy Core Research Facility, Center for Biotechnology, University of Nebraska Lincoln**

**REQUEST FOR MICROSCOPY SERVICES**

USER’S NAME       POSITION/TITLE

PRINCIPAL INVESTIGATOR’S NAME

DEPARTMENT

INSTITUTION

TELEPHONE       SUBMISSION DATE

*Describe briefly your research project that needs to use one of the core’s imaging systems (SEM, TEM, fluorescence, or confocal etc.) with one or two references. Submit this form (typed) with your email to Dr. Zhou (C.C. it to your supervisor). Please read the guidelines for Acknowledgement from the link on our main page****.***

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**OTHER SPECIFIC INFORMATION ON PROPOSED PROJECT**

1. Proposed duration for the completion of this project

2. Number of samples (estimate)

3. Will the work for this project primarily done by the facility staff? Yes [ ]  No[ ]

4. Will training of your lab personnel be needed? Yes [ ]  No[ ]

**AUTHORIZATION FOR CHARGES**

***For UNL Investigators***:

Account Cost Number

Person authorized to sign on above listed account

***For Non-UNL Investigators:***

Purchase Order Number

Person authorized to sign on above listed account