

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.*

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 _____