

RESEARCH ELECTRON MICROSCOPY RESOURCE

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Please Deliver Samples with **THIS FORM** to T-3208 MCN

TO BE FILLED OUT BY INVESTIGATOR

Date: _____ Principal Investigator: _____ Center #: _____

Person submitting sample

or Contact Person: _____ Phone: _____

PI is a member of (circle those that apply): Diabetes Ctr Digestive Disease Ctr Cancer Ctr

Type of Tissue/Cells being submitted: _____ Total # of samples: _____

The sample should be (circle one):

A. Thick section only B. Thin section only C. Thick sectioned then thin sectioned after investigator review
(Note: Thicks and thins will be cut unless otherwise instructed above)

Special Instructions: _____

(Samples will be embedded in Spurr Resin and sectioned for standard EM unless otherwise instructed)

Have you discussed project with EM staff? (Circle Y or N). If so, who: _____

All specimens **MUST** be accompanied by a completed copy of this form and **CENTER NUMBER**. No samples will be processed until a center number is provided. Work is done in the order received. However, we will attempt to meet special requests whenever possible.

Please acknowledge use of the EM Resource in all publications. This is how we justify our existence. Minimum acknowledgment should read:

Experiments were performed in part through the use of the VUMC Research EM Resource (sponsored by NIH grants DK20539, CA68485 and DK58404).

Please send us the bibliographic information when you publish and, if possible, a reprint.

Additional information about services available, sample preparation, and microscope use, as well as copies of this form, are available at: <http://www.mc.vanderbilt.edu/research-em/>

FOR OFFICE USE ONLY

Notes

Processed on (date): _____ Initials: _____ Date: _____

Thicks completed on (date): _____ Initials: _____ Date: _____

Investigator notified (thicks/date): _____ Initials: _____ Date: _____

Thins completed on (date): _____ Initials: _____ Date: _____

Thins stained on (date): _____ Initials: _____ Date: _____

Investigator notified (thins/date): _____ Initials: _____ Date: _____

Billed on (date): _____ Initials: _____ Date: _____

Comments: