

VBCF EM Facility - Service Request

TO BE FILLED OUT BY USER

Date:

Project title:

Scientist:

Group and affiliation:

Invoicing address:

Grant number (if applicable):

Detailed description of the specimen (organism, tissue, medium, cell number, concentration, volume, exact buffer composition, availability of specimens, number of different conditions, ...):

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Is the specimen infectious: Yes No

Is the specimen toxic: Yes No

Scientific question:

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Literature references (further protocols, images...):

Tasks that will be taken over by facility:

Sampling

Specimen preparation

Microscopy

Image processing

Approx. deadline:

*

Maximum available budget (approximate; please discuss with EM Facility staff beforehand!):

Comments:

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*Please send these texts electronically to thomas.heuser@vbcf.ac.at

With my signature below I acknowledge and accept that:

- projects submitted to the VBCF Electron Microscopy Facility are subjects to the VBCF general terms of cooperation and the EM Facility Lab Policy
- the VBCF EM Facility will be acknowledged for its work in publications and presentations

Date: Signature user:
Date: Signature group leader:

TO BE FILLED OUT BY FACILITY

Mantis ID:
Approach:
Contact person:
Finished: Date: