

To help us better serve your research endeavors; please provide the following information about your project. Please return completed form to Lauren Chesnut @ 567-4052. **Please be aware that we need adequate time to complete a project, please inform us if you have a time deadline.**

Date: _____

Investigator: _____ Department: _____

Phone#: _____ E-mail: _____

Grant Primary Investigator: _____

Project ID#: _____ Dept ID: _____

Funding Source: _____

Sample type:

What is the biological or medical question you are asking with the proposed experiment?
Please provide use with any reference articles of interest relating to your project.

What specific area of the structures in the cells or tissue is of special interest during examination with the electron microscope?

Transmission (ultrstructure) or Scanning (surface) EM? _____

Will you be scoping yourself? _____ Do you require training? _____

If you have any questions or need fixative please send me an e-mail @ HunterB@uthscsa.edu and I will get back with you as soon as possible.