

order form - electron microscopy

#id	
date	
group	
contact (name, adress, phone, email)	
full support /co-operation (sample preparation, processing & evaluation of data, material and running costs will be charged in form of daily/hourly rates; co-authorship for publications/poster)	<input type="checkbox"/>
minimum support (only data acquisition; material and running costs will be charged in form of daily/hourly rates; facility needs to be acknowledged in publications/posters)	<input type="checkbox"/>
bill to	

objective (give a short description of the project and indicate the targeted resolution, if applicable)	
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type of samples (plant, animal, fungi, bacteria, archaea, virus, protein, substance, etc.) (<i>genus, species</i> , if applicable)	
are the samples pathogenic, infectious or toxic?	no <input type="checkbox"/> yes <input type="checkbox"/> , specify:
are the samples radioactive?	no <input type="checkbox"/> yes <input type="checkbox"/> , specify:
other security risks to be considered?	no <input type="checkbox"/> yes <input type="checkbox"/> , specify:
biosafety level according to BioStoffV § 3 or GenTG § 7, Abs. 1, respectively (detailed legal documentation on GMOs is in the duty of the client; in the facility samples are chemically and or physically inactivated through preparation and properly disposed)	
pre-fixed/inactivated? (inactivation is mandatory for all samples >R1 or S1, respectively)	no <input type="checkbox"/> yes <input type="checkbox"/> , specify treatment:
medium/buffer composition (e.g., important for cryo: keep salt concentration below 200 mM and detergent below CMC, no NP40!, max. 5% glycerol)	

sample name/description	
1	
2	
3	
4	
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TEM	
conventional sample preparation (i.e. chemical fixation, resin embedding, ultramicrotomy)	<input type="checkbox"/>
cryo preparation (i.e. high pressure freezing, freeze substitution, resin embedding, ultramicrotomy)	<input type="checkbox"/>
negative staining (for proteins: concentration ~15µg/ml, enclose SDS-PAGE, and a size exclusion elution profile)	<input type="checkbox"/>
immunolabeling (if antibody is provided, please enclose details)	<input type="checkbox"/>
tomography	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>

cryo(S)TEM	
single particle analysis (enclose negative staining images; concentration ~1mg/ml range)	<input type="checkbox"/>
tomography	<input type="checkbox"/>
Additional information	

signature (PI or client in agreement with PI)

signature TEM Facility
