

**Center for Electron Microscopy
Department of Pathology
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Please provide all the information in Section I. If you don't already have a D#, one will be assigned. Information in Section II can be filled in during consultation with EM Lab staff.

I. Project Identification

Date:

Name:

Campus PO box #:

Phone number:

Email:

PI name:

D#:

Fund Code:

Brief description of project, and purpose of electron microscopy (i.e., routine ultrastructure, immunolabeling, negative staining):

Type of sample (e.g., tissue or cell pellet for thin section; particle suspension or fiber for negative stain):

Sample received:

___ fresh

___ in buffer (specify)

___ in glutaraldehyde

___ other (specify)

Special instructions:

II. Procedures:

Fixation:

Embedding:

Sectioning:

LM / TEM / SEM / SBF:

