

**Electron Microscopy Laboratory
Department of Pathology, Box 3712
Duke University Medical Center
Durham, NC 27710**

**247M/314M Davison Bldg.
Duke Clinic
(919) 684-3452
saram@duke.edu
rv.79@duke.edu**

**Please provide all the information in Section I.
Section II information can be filled in during consultation with EM lab personnel.**

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 work (i.e., routine ultrastructure, immunolabeling, negative staining):

Type of sample: (e.g., tissue, cell pellet, fiber)

Sample received:

___ fresh

___ in buffer (specify)

___ in glutaraldehyde

___ other (specify)

Special instructions:

II. Procedures:

Initial sample preparation:

Fixation:

Embedding:

Sectioning:

