RUTGERS
Robert Wood Johnson Medical School

Electron Microscopy Core Imaging Lab

Department of Pathology
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PROJECT / WORK REQUEST SUBMISION FORM

To be completed by the PI:

Principal Investigator:
Full Name:_____ Email:_____

Signature:_____ Date:_____

Office Address:

Phone:

Client Organization

Internal___

External Educational___

Commercial___

Other___

Legend: Sample identification
Enter samples to be run, assign them to each number:

1=	11=
2=	12=
3=	13=
4=	14=
5=	15=
6=	16=
7=	17=
8=	18=
9=	19=
10=	20=

New Sample(s): _____
Previous Sample(s): _____
Date submitted: _____

Type of Work: **Please check**

- ○ TEM
- ○ Negative Stain
- ○ Tissue Processing
- ○ Microtomy
- ○ Microscope Usage
- ○ Rotary Shadow
- ○ Supplies
- ○ Other

Special Instructions: sample orientation, etc.

EM CORE LAB ONLY:
Job Number:_____Date Project Received and Staff Initials:_____

Date Completed/Client notified:_____