

Sample receipt sheet for Electron Microscopy

Date:	
Name/PI/Department/Group:	
Adress:	
Tel./Fax:	
E-Mail	

- | | | | |
|------------------------------|---|--|--------------------------|
| <input type="checkbox"/> TEM | <input type="checkbox"/> High-pressure freezing | <input type="checkbox"/> Light microscopy | <input type="checkbox"/> |
| <input type="checkbox"/> SEM | <input type="checkbox"/> Freeze substitution | <input type="checkbox"/> Ultramicrotomy | <input type="checkbox"/> |
| <input type="checkbox"/> FIB | <input type="checkbox"/> chem. fixation | <input type="checkbox"/> Negative staining | <input type="checkbox"/> |

Organism: <i>Genus, species</i>	
Protein, substance, organ, tissue:	
Safety level (GenTG § 7, Abs. 1):	Classification according to GESTIS-Biostoffdatenbank

Sample labeling	Sample description, characteristics, color, differences, etc.:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Details on medium/buffer:			
Medium:		Temperature:	
Supplements:		Osmolarity:	pH-value:

In case of chem. fixation:			
Fixation substance:		% Glutaraldehyde	
Fixation buffer:		% Formaldehyde	
	mM Cacodylate buffer	mM Tris-HCl	mM MgCl ₂

Centrifugation:					
Centrifuge:	<input type="checkbox"/>	Eppendorf	<input type="checkbox"/>	Others	
		rpm		g	

Scope of work:
Comments:

Investigation as:	
<input type="checkbox"/>	Scientific cooperation (Co-authorship in publications/posters; charging of consumables)
<input type="checkbox"/>	Independent preparation/investigation After instructions/tutorial in the EM-lab
<input type="checkbox"/>	Contract research (no co-authorship, cost calculation according to industry rate) After consultation with Prof. Dr. Klingl

Estimate of costs requested:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Invoice to:					

.....
Signature PI

.....
Signature Head of EM-facility