**CBI EM Sample Submission Form**

**Please fill out form completely**

Date:

Name of Contact Person:

Principal Investigator:

Department/Address:

Phone #/Email:

Type of Sample (tissue, cells, etc., be specific):

# of Samples:

Circle Procedure(s) To Be Done: TransmissionEM ScanningEM

Specific Procedure (standard, immuno, negative, freeze fracture etc.):

Antibodies:

Samples Submitted for LM? No Yes

|  |  |  |
| --- | --- | --- |
| **Sample ID** | **strain** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |