



Date samples received: _____

1. Researcher: _____
Group: _____
Email: _____

2. Sample information		
	EM code	Researcher's code and sample description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

3. Protocol for sample preparation
<input type="checkbox"/> TEM: <input type="checkbox"/> tissue <input type="checkbox"/> pellet <input type="checkbox"/> coverslip <input type="checkbox"/> no section staining
<input type="checkbox"/> SEM: <input type="checkbox"/> HMDS <input type="checkbox"/> critical point drying
<input type="checkbox"/> Correlative light and EM (CLEM)
<input type="checkbox"/> Immuno-EM
<input type="checkbox"/> Electron tomography

4. Special considerations	Yes	No
Is the sample hazardous (if yes, specify)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the sample contain viruses or other pathogens (if yes, specify)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the sample contain nanoparticles or any other type of synthetic material?	<input type="checkbox"/>	<input type="checkbox"/>

5. Notes: