

**ELECTRON MICROSCOPY REQUEST FORM**

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**Date:** \_\_\_\_\_

**Investigator:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**E-mail address or phone number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigator's signature:** \_\_\_\_\_

**Number/types of specimens:** \_\_\_\_\_

\_\_\_\_\_

**Consultation Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Deadline:** \_\_\_\_\_ **Estimated Cost:** \_\_\_\_\_