

EM Core Work/Sample Submission Form

EM Core, W125 Veterinary Medicine, University of Missouri, Columbia, MO 65211

Phone: (573) 882-0428

Fax: (573) 884-5552

Ordered By:

Email:

Phone:

MO Code

Date:

Principal Investigator:

Authorized Signature:

Request Date for Completion (NOTE: All work is done in the order in which it is received unless a RUSH is Requested):

RUSH (Rush orders are put at the front of the line and are billed a twice our normal rates):

Yes No

Client type(Internal/MU; External academic; Commercial):

Please provide a narrative description of your puoject and include all relevant information:
(Narrative must be completed before work on your project begins)

(1) Number of Samples:

(2) Description of Samples:

(3) Sample identification numbers:

(4) Description of solution in which samples are suspended:

(5) Descriptio of work to be done- TEM, SEM, etc:

(6) Special protocols to be followed:

(7) Other special instructions:

EM STAFF ONLY: Job Number: Date Received:

Date Completed & Client Notified: