



# Electron Microscopy Core Imaging Lab

Department of Pathology  
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## PROJECT / WORK REQUEST SUBMISSION FORM

To be completed by the PI:

Principal Investigator:		Client Organization
Full Name: _____	Email: _____	
Signature: _____	Date: _____	
Office Address:		
Phone:		<input type="checkbox"/> Internal ___ <input type="checkbox"/> External Educational ___ <input type="checkbox"/> Commercial ___ <input type="checkbox"/> Other ___

**Legend: Sample identification**  
Enter samples to be run, assign them to each number:

1=	11=
2=	12=
3=	13=
4=	14=
5=	15=
6=	16=
7=	17=
8=	18=
9=	19=
10=	20=

New Sample(s): \_\_\_\_\_  
Previous Sample(s): \_\_\_\_\_  
Date submitted: \_\_\_\_\_

**Type of Work:** Please check

- TEM
- Negative Stain
- Tissue Processing
- Microtomy
- Microscope Usage
- Rotary Shadow
- Supplies
- Other

**Special Instructions:** sample orientation, etc.

**EM CORE LAB ONLY:**  
**Job Number:** \_\_\_\_\_ **Date Project Received and Staff Initials:** \_\_\_\_\_  
**Date Completed/Client notified:** \_\_\_\_\_