

**CRYO-ELECTRON MICROSCOPY LABORATORY**

Department of Biosciences

University of Milano

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| **A.** SERVICES APPLICATION FORM |

Please complete the form below by typing in the grey box and return it to **paolo.swuec@unimi.it**. In case of shared affiliations or different research groups collaborating, please do provide details for the main user only.

Fields with \* are mandatory

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| **B.** USER CONTACT INFORMATION |

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| --- | --- | --- | --- |
| First name \* |       | Last name \* |       |
| Organisation \* |        |
| Type \* |  |
| Department |       |
| Address \* |       |
| Telephone number  |       |
| Mobile number \* |       |
| E-mail address \*  |       |
| Billing address same as above? \*  |  |
| (if no, specify)  |       |
| Shipping address same as above? \*  |  |
| (if no, specify)  |       |

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| **C.** PROJECT INFORMATION |

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| Project Title |       |
| Authors |       |
| Project Synopsis \* *(max 300 words)* |       |

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| **D.** SAMPLE INFORMATION |

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| Protein(s) Uniprot ID \* |       |
| Sample MW (kDa) \* |       (in case of a complex put total MW) |
| Oligomeric state  |       |
| Known symmetry  |       |
| Concentration (mg/ml) \* |       |
| Buffer composition \* |       |
| SDS-PAGE \* | !!! Attach JPG or PDF of scanned SDS-PAGE of sample to be used. Please name the file: *Attach\_SDSPAGE.jpeg* |
| Have you already performed negative staining EM on this sample?  |  |
|  if yes | !!! Attach JPG or PDF of representative micrograph. Please name the file: *Attach\_NS\_Micrograph.jpg* |
| Have you already performed cryo- EM on this sample?  |  |
|  if yes | !!! Attach JPG or PDF of representative micrograph. Please name the file: *Attach\_CEM\_Micrograph.jpg* |

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| **E.** SERVICE INFORMATION |

| Requested Services \*  | [ ] Negative staining specimen preparation (9 grids max)[ ]  Negative staining screening (9 grids max)[ ]  Negative staining data collection[ ]  Cryo-EM specimen vitrification on Vitrobot MkIV (9 grids max)[ ]  Cryo-EM grids screening (9 grids max)[ ]  Cryo-EM data collection on TALOS Arctica (24h slot)  |
| --- | --- |
| Indicate Technique | [ ]  Single-particle acquisition[ ]  Tomography |
| Indicate preferred timeslot(e.g. 09th-14th May) |       |
| Expected Outcome \* *max 300 words* |       |
| Additional Info  |       |

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| **F.** APPLICATION RECORD *leave blank* |

| RECORD ID  |       |
| --- | --- |
| Date received  |       |
| Date of committee submission  |       |
| Date of Decision |       |
| Final decision |       |
| Additional Info  |       |

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_