High Resolution Electron Microscopy Facility

R.E. "Bob" Smith Research Building
7777 Knight Road, Houston, Texas 77054

SEM____ TEM____

Request # _____
Date Received _____
Received by _____

User (print) _____ Phone # _____
E-mail address _____
FAX # _____ Principal Investigator _____
Department _____ Institution _____
Active NIH Grant # _____ Co/Center # _____
Active ACS Grant # _____ PO # _____
Signature Approval (please **PRINT**) _____ Date _____

HREMF# HREMF USE ONLY	#	Description	Comments

Results received by _____ Date _____

Number of samples_____ SEM Time (hrs) TEM Time (hrs)
Number of runs _____ Coating_____ Cut and stain_____
Processing time (hrs)_____ Microscope_____ Microscope_____

TOTAL HOURS_____ Misc. charge($)_____ **TOTAL ($)**_____ Date billed_____

RATE: $50.00/hr _____ **$62.50/hr** _____ **$100.00/hr** _____
(MDACC Users) **(Academic – Non - MDACC Users)** **(Non - Academic Users)**

For HREMF use only. Room SRB 1.688b Phone: (713)792-8109 FAX: (713)792-8747
E-mail: **kdunnerj@mdanderson.org** Website @ **http://www.mdanderson.org/HREMF**
Please acknowledge Cancer Center Core Grant CA16672 in your publications.

WORK REQUEST

Request#_____ Date_____

SEM _____ **TEM** _____

User _____ Phone # _____

Describe work request: