

**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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |  |
| --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_