

Sample Sheet

Project request id/name:

Sample type: TEM SEM ImmunoEM CryoEM ET 3View Other

Researcher & Department:

Phone: E-mail:

Codes for sample (mark clearly):

Id number (do not fill):

1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>
5)	<input type="text"/>	<input type="text"/>
6)	<input type="text"/>	<input type="text"/>

Special notes:

Brief description of the sample and cutting/labeling/imaging requirements:

More information on the additional paper sheet.

DO NOT FILL; FOR INTERNAL USE

Reference Number:

Technician who has received the sample: Date: / /

Details of sample preparation (staining, embedding)

Lab book page:

Sample handling date: / /