

Laboratorio di Microscopia Elettronica Criogenica

**Flo**rence **C**enter for **E**lectron **N**anoscopy (FloCEN)

Dipartimento di Chimica “Ugo Schiff” – Università di Firenze

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www. https://www.flocen.unifi.it/

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| **1. SERVICES APPLICATION FORM** |

Please complete the form below by filling in the required boxes (\*) and return it to cryo-tem@flocen.unifi.it

In case of shared affiliations or different research groups collaborating, please provide details for the principal user only.

Fields with \* are mandatory.

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| **2. USER CONTACT INFORMATION** |

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| --- | --- | --- | --- |
| First Name \* |   | Last Name \* |   |
| Organization \* |   |
| Type \* |  Internal User (Department of Chemistry “Ugo Schiff”) Other Department from the University of Florence Other Public Institution Private Company |
| Department  |   |
| Address \* |   |
| Telephone number |   |
| Mobile Number \* |   |
| Email address \* |   |
| Billing address same as above? |   |
| (if no, please specify) |   |
| Shipping address as above? |   |
| (if no, please specify) |   |

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| **3. PROJECT INFORMATION** |

|  |  |
| --- | --- |
| Project Title |   |
| Authors |   |
| Project Description*(max 350 words)* |   |

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| **4. SAMPLE INFORMATION** |

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| --- | --- |
| Protein(s) Uniprot ID \* |   |
| Sample MW (KDa) \* |   |
| Oligomeric state  |   |
| Known symmetry |   |
| Concentration (mg/ml) \* |   |
| Buffer composition \* |   |
| SDS - PAGE | *Please, attach .jpg, pdf or scanned SDS-PAGE of sample to be used and name it:* ***SDSPAGE\_Uniprot.jpg*** |
| Already performed negative staining EM on this sample? |  yes no |
| If yes  | *Please attach .jpg or pdf of representative micrograph and name the file:* ***NS\_Micrograph\_Uniprot. jpg*** |
| Already performed CryoEM on this sample? |  yes no |
| If yes | Please attach .jpg or *pdf of representative micrograph and name the file:* ***CEM\_Micrograph\_Uniprot. jpg*** |
| After the measurements, would you like FloCEN to dispose the sample? |  yes no |
| If yes, your sample will be kept dispose in biological waste. Please write here any additional information about disposal |  |
| If no, your sample will be….  | …. sent back…..store for 3 weeks under liquid nitrogen and then dispose (please fill in the previous information slot) |

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| **5. SERVICE INFORMATION** |

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| Requested Services \* |  Cryo-EM specimen vitrification on Vitrobot Mark IV  Cryo-EM grid screening Cryo-EM data collection on Glacios CryoTEM (24 slots) |
| Indicate Technique |  Single particle acquisition  |
| Indicate preferred time slot (e.g. 6 – 12 July) |   |
| Expected Outcome \**(max 350 words)* |   |
| Additional Info |   |
| Do you plan to attend the experiment? |  Yes  No |
| If yes, please read the lab regulation on safety sheet (<https://www2.chim.unifi.it/upload/sub/Parte%201%20-%20Regolamento%20di%20sicurezza%20Dipartimento%20-%20Finale.pdf>) and check the next box \* |  Yes, I read it |

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| **6. APPLICATION RECORD** *for internal use only, please leave blank* |

|  |  |
| --- | --- |
| RECORD ID |  |
| Date received |  |
| Date of submission |  |
| Date of evaluation |  |
| Final evaluation |  |
| Additional info |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_