



Date/Time Received	_____	Contact Name	_____
Company	_____	Contact Phone & Email	_____
Customer #	_____	Contact Location	_____
PO #	_____	Principal Investigator	_____
Authorized Signature	_____	Project Info	_____

**Species/Cell Type/Virus** \_\_\_\_\_

**Label containers with Specimen ID and Media/Fixative.**

Specimen	<i>For Lab Use Only – ID #</i>	Specimen	<i>For Lab Use Only – ID #</i>

**Service Requested:**  TEM     SEM     Immunogold     Neg. Stain

Instructions:

# ELECTRON MICROSCOPY WORK ORDER — *External*

## ***For Resource Use***

Date/Time Started Processing \_\_\_\_\_

Date/Time Completed Processing \_\_\_\_\_

Date/Time Called \_\_\_\_\_

Circle One:      Consortium (2)                      External (4)                      SCCA (5)

<b>Charge Code</b>	<b>Description</b>	<b>UOM</b>	<b>Quantity</b>
EMT__0003	Recut	EA	
EMT__0004	Remount	EA	
EMT__0005	Thick Section	EA	
EMT__0006	Negative Stain	EA	
EMT__0007	Particle Count	EA	
EMT__0008	Cell Culture Case Prep TEM	EA	
EMT__0009	Tissue Case Prep	EA	
EMT_0010	Post Embed Immuno	EA	
EMT__0021	TEM Print	EA	
EMT__0022	TEM Negative	EA	
EMS__0103	SEM-HMDS	EA	
EMS__0104	SEM-CPD	EA	
EMS__0121	SEM Print Negative	EA	
EMO__0204	Misc Services	SUM	
EMO__0206	Tech Services	HR	
EMO__0207	Small Instrument Usage (per Run)	EA	