

Laboratorio di Microscopia Elettronica Criogenica

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

Dipartimento di Chimica “Ugo Schiff” – Università di Firenze

Via della Lastruccia 3 – 50019 Sesto Fiorentino (FI) – Italy

Tel. +39 – 055 4573231

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

|  |
| --- |
| **1. SERVICES APPLICATION FORM** |

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

|  |
| --- |
| **2. USER CONTACT INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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) |  | | |

|  |
| --- |
| **3. PROJECT INFORMATION** |

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

|  |
| --- |
| **4. SAMPLE INFORMATION** |

|  |  |
| --- | --- |
| 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) |

|  |
| --- |
| **5. SERVICE INFORMATION** |

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

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