Georgia Electron Microscopy STEM Research Bldg 1 302 East Campus Road Athens, Georgia 30602 Phone: 706-542-5537 or 706-542-4080	Electron M	VERSITY OF EORGIA gia Electron Microscopy licroscopy Service nission Form	Date Red	ceived:
Clinic/Lab:	Phone Number:			
Investigator:	Fax Number:			
Full Address:				
Email:				
Species:Br	eed:	Age:	Sex:	
Specimen with Corresponding ID#(	s):			
Sample Type: OFresh Tissue	OFixed Tissue	OFFPE Block	Cell Culture	OFeces
Fluid: Please Choose from List		Fixative: Please (	Choose from List	
Special Sample Instructions and Instructions for Submitting Sam Fill in as much information as possible or Multiple specimens within the same project should be kept refrigerated; buffered form In house submission: Drop off the samp Email gem@uga.edu or maryard@uga.edu Outside submission: When mailing samp 8am-4pm. Include this form, and mail to a It is very important to let us know a samp	<b>uples:</b> this form. Label sample ct should be placed in sep talin & FFPE blocks at ro les to the Georgia Electro <u>u</u> to schedule an appropri les, use appropriate maili address in bold lettering a	s to correspond to submis parate containers. Glutara om temperature. n Microscopy facility – a ate time to drop off samp ng protocols for Biologic t top of form with <b>ATTE</b>	aldehyde fixatives & fresh address at top left of page. eles. eal Samples; delivery to be ENTION GEM LAB add	n samples e Mon-Fri,
Services Requested		Inter	pretation of Results	s to be Completed by:
O Transmission Electron Microsc	ору	O Inv	estigator	O EM Lab*
ONegative Staining OScanning Electron Microscopy				
Invoice Information (Please p				
SpeedType/Acct#(InHouse) or	PO#:			
Accountant Name & Email:				
				Effective 01/21/2022