



Microscopy Project Proposal

Imaging Core Facility
Cell Biology Unit

1. Name of Project Applicant(s) (Project Leader(s) only): _____

2. Title of Project Application: _____

3. Address of Project Applicant(s):

A. University: _____

B. Institute: _____

C. Division: _____

D. Group: _____

E. Telephone: _____

F. E-mail: _____

4. Project Questionnaire/Description

A. This project is (check all that apply)

- a pilot study
- a part of a larger, on-going study (technique and/or science)
- a small imaging project to finish a study
- a request for better images for publication submission
- a long-term request for instrumentation use
- a request for better images for publication revision
- a major, independent imaging study
- a major, collaborative imaging study

B. This project has the following collaborators (both on-going and planned, please specify): _____

C. This project:

- is towards a new grant (re-newal) application
- is currently funded by the following grants:

(please be prepared to provide documentation)

- has manuscripts
 - in progress (and needs imaging)
 - under review
 - under revision (and needs imaging)
 - in print (include applicable publication list)

4. Project Questionnaire/Description

D. Please write a short description of your project: (not to exceed 1 page)

5. Instrumentation and Sample: Description and Requests

A. Briefly explain what samples you would like to observe (specimen, contrast agent, or fluorophore): _____

B. Briefly explain your goals: _____

C. Suggest which microscopes or microscopic techniques you envision are needed to accomplish your goals: _____

(Please also include any extra items that are additionally required on the microscope or for sample preparation to achieve goals.)

6. Available Resources from Applicant(s)

A. Personnel: Please state which personnel from your

group/institute will be available to assist with the project:

Which of these personnel has microscopy training?

Which will be willing to undergo microscopy training?

B. Sample Description/Preparation: Please state in which form the

sample will be provided and if any preparation assistance

will be needed: _____

State available resources for sample preparation: _____

Are you willing, and do you have the funding should

additional methods, instruments and materials be needed to

complete your imaging goals? _____

If so, how much is available: _____

7. Available Resources from Applicant(s)

C. Microscopy Maintenance and Repair: Do you agree to cover the charges for microscopy equipment damage caused by your experiments? _____

Please state the resources available for you to cover possible equipment damage: _____

Do you agree to provide a share of the funds toward the maintenance of the microscopes? _____

Please state the resources available for you to cover maintenance of the microscopes: _____

Please note that the Imaging Core Facility is a collaboration facility. Projects performed with the microscopy are collaborations.

City, Date

Signature User

Name User (printed)

City, Date

Signature Group Leader

Name Group Leader (printed)

City, Date

Signature Institute Head

Name Institute Head (printed)