

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 present form by filling in the required boxes and return it as PDF to [cryo-tem@flocen.unifi.it](mailto:cryo-tem@flocen.unifi.it)

In case multiple users, please provide details for the principal investigator 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”)  University of Florence (other than Department of Chemistry)  Public Institution (no profit)  Private Company | | |
| Department \* |  | | |
| Address \* |  | | |
| Telephone number |  | | |
| Email address \* |  | | |
| Billing address same as above? |  | | |
| (if no, please specify) |  | | |
| ------------------------------------------ |  | | |
| RADR supervisor \*  (for UniFi users only) |  | | |
| Fund to be used \*  (for DiCUS & UniFi users only) |  | | |

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| **3. PROJECT INFORMATION** |

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

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| **4. SAMPLE INFORMATION[[1]](#footnote-1)** |

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| --- | --- |
| Sample composition \* |  |
| Sample MW (KDa) \* |  |
| Particle dimension  (in nm, if known) |  |
| Symmetry (if known) |  |
| Buffer composition \* |  |
| SDS - PAGE | Please attach SDS-PAGE of sample to be used and name it (jpg or pdf): ***SDSPAGE\_(YourLastName).jpg*** |
| Already performed negative staining on this sample? | yes  no  If yes, please attach representative micrographs (jpg or pdf) and name the file:***NS\_Micrograph\_(YourLastName).jpg*** |
| Already performed CryoEM on this sample? | yes  no  If yes, please attach representative micrographs (jpg or pdf) and name the file:***TEM\_Micrograph\_(YourLastName).jpg*** |

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| **5. SERVICE INFORMATION** |

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| Grid type \* | Quantifoil holey carbon film R1.2/1.3 on 300 Cu Mesh  Quantifoil holey carbon film R1.2/1.3 on 300 Cu Mesh + 2nmC  Quantifoil holey carbon film R1.2/1.3 on 300 Cu Mesh + GO  Quantifoil holey carbon film R2.2 on 300 Cu Mesh  Quantifoil holey carbon film R2.2 on 300 Au Mesh |
| Requested Services \* | Specimen vitrification (using Vitrobot Mark IV)  Grid screening (6h slot)  Data collection (24h slot), number of slots: \_\_\_\_\_\_\_\_\_ |
| Indicate Technique \* | Cryo-EM  Cryo-ET  MicroED |
| Would you need assistance for vitrification and/or clipping? \* | No  Yes  N.B.: by asking for assistance *the user agrees to* [*release FloCEN team members from any liability*](https://context.reverso.net/traduzione/inglese-italiano/release+Sopaf+from+any+responsibility) *in case of sample preparation outcome not meeting expectations.* |
| Indicate preferred time slot  (e.g. 6 – 12 July)  *N.B.: preferences can be satisfied according to the lab schedule* |  |
| Expected Outcome \*  *(max 350 words)* |  |
| Additional Info |  |
| Do you plan to attend the experiment? \* | Yes  No (please read about shipping sample)  If yes, please [read](https://www2.chim.unifi.it/upload/sub/Parte%201%20-%20Regolamento%20di%20sicurezza%20Dipartimento%20-%20Finale.pdf) the lab regulation on safety sheet and check the next box  Yes, I read it |

**After the experiment, data can be copied on your external USB devices. Please note that data will be stored on our server for 1 month only, afterwards data will be erased.**

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| **5. ACKNOWLEDGMENTS** |

I, the undersigned, agree to acknowledge the instrumentation used for this proposal with the following sentence:

“Access to the FloCEN facility of the Department of Chemistry ‘Ugo Schiff’ of the University of Florence is gratefully acknowledged”.

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

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

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

1. N.B.: samples will be disposed at the end of the experiment. [↑](#footnote-ref-1)