

## Research Technology Support Facility Talos Arctica Service Form

date	
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name	
PI	
dept	
email	
phone	

payment:	
MSU account	
credit card	
purchase order	
invoice	
billing address	

sample	name			
	concentration		mg/ml	dilutions?
	molecular weight			
	buffer			

analytical services:	vitrobot use needed?	
	# images desired	

post-analysis services needed:	

comments or notes	

I have read and understand the user agreement

*internal use only*

number of days	
number of grids	

user type	A	<input type="checkbox"/>	C	<input type="checkbox"/>
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cryo	
negative stain	
(single particle) 3D	
(class avg) 2D	
tomography	

Total Charge	
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