



ELECTRON MICROSCOPY UNIT

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Project Sheet

Year: _____

New project

Resubmission of the existing project for this year

Researcher's name(s): _____

Contact phone: _____ E-mail: _____

Project leader and Department: _____

Phone: _____ E-mail: _____

Billing Address: _____
for UH internal invoicing:
use profit center (H-number)
and WBS code

Title of Project: _____

collaboration paid services

Are the samples pathogenic, infectious or toxic? NO YES specify: _____

Are the samples radioactive? NO YES specify: _____

other security risks to be considered? NO YES specify: _____

I have attached a short description of the project for EM-unit's internal use; the text remains confidential (approx. ½ to 1 page at maximum)

I take the full responsibility of the costs of this research

I will acknowledge EM-Unit in my publications presenting EM-work carried out with the help of the EM-Unit resources (*for academic research only*)

I will notify the EM-Unit of every publication mentioning the EM-unit

Signature of the project leader: Date:

DO NOT FILL; FOR INTERNAL USE

Project number: _____ Category: _____ UH: NO YES VAT: NO YES

Tools required: TEM / SEM / Analytical / conventional / cryo / immuno / others _____