**PROJECT SHEET**

Year: 2017 Customer ID:

[ ]  New project

[ ]  Resubmission of the existing project for this year

Contact information

Person submitting samples:

Title:

E-mail:

Phone:

Description of the project

Title of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety issues of the sample:

 [ ]  GMO (Level:\_\_\_\_)

 [ ]  Pathogenic or infectious, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Radioactive

 [ ]  Other safety issues to be considered, Specify:

Short description of the project (½ - 1 page)

Invoicing information

Director:

E-mail:

Phone:

[ ]  University of Helsinki [ ]  Other:

 Department:

 Profit center: PO-number (required information for your

 WBS: internal invoice handling):

VAT no:

Billing address:

[ ]  I have the read cryo-EM-price-list. **Link:**

[ ]  I take full responsibility for the costs of this service.

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

[ ]  I will acknowledge Cryo-EM-Unit in my publications presenting EM-work carried out with

 the help of the Cryo-EM-Unit resources (*for academic research only*)

Signature of the director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service agreement**

Project will be started with a kick-off-meeting that will take a place on \_\_\_\_ . \_\_\_\_ . 20\_\_\_ at \_\_\_\_\_\_ (30min) in \_\_\_\_\_\_\_\_\_\_\_\_. For that meeting one sample can be checked for further information of the sample (Quick-check). Results will be discussed in the meeting.

Sample preparation service includes storage of cryo-EM samples for 6 months and they will be discarded without any further notification.

Following issues are discussed in the meeting:

Contact person and information in University of Helsinki:

[ ]  Butcher (sarah.butcher@helsinki.fi)

[ ]  Laurinmäki (pasi.laurinmaki@helsinki.fi; phone +358 50 448 35 46)

[ ]  Löflund (benita.loflund@helsinki.fi; phone +358 50 448 35 38)

[ ]  Other,

Nature of collaboration: [ ]  Complete service

[ ]  Service based on scientific collaboration, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample preparation: [ ]  Service, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Training, who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data collection: [ ]  Customer will join

 [ ]  HY staff, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processing of the data: [ ]  Service, who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Training, who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_