**PROJECT SHEET**

Year: 2017 Customer ID:

3kVPR3V9_HY_3-kielta_v__RGB New project

3kVPR3V9_HY_3-kielta_v__RGB 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](mailto:sarah.butcher@helsinki.fi))

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

Löflund ([benita.loflund@helsinki.fi](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_