

User & Lab:		Session Date(s):		
Sample Description:				
Drop Off Slot:		Tube Name:		
Microscope:				
Biosafety level and disposal considerations:				
Auto Grid Box Name:	Auto Grid Box Name:	Auto Grid Box Name:	Auto Grid Box Name:	Auto Grid Box Name:
Slot 1:	Slot 1:	Slot 1:	Slot 1:	Slot 1:
Slot 2:	Slot 2:	Slot 2:	Slot 2:	Slot 2:
Slot 3:	Slot 3:	Slot 3:	Slot 3:	Slot 3:
Slot 4:	Slot 4:	Slot 4:	Slot 4:	Slot 4:

Please mark what grids you want loaded with "#".

EM CENTER USE ONLY:

Cab and Cassette (loading details)	
Cassette Slot	Sample
12	
11	
10	
9	
8	
7	
6	
5	
4	
3	
2	
1	