

SEM Sample Request Form

Date: _____

Request NO: _____

Name of Requester		Department	
Supervisor (if student)		Contact Info	Phone
Account #			Email
Nature of the Project			
Goal of the Project			
<input type="checkbox"/> M.S. Thesis	<input type="checkbox"/> Ph.D. Dissertation	<input type="checkbox"/> Research Project	<input type="checkbox"/> Other:
Will the results be published?			
<input type="checkbox"/> YES (Please send us a copy when published) <input type="checkbox"/> Other:			
Is this project funded?	<input type="checkbox"/> YES, Funding Agency:		<input type="checkbox"/> NO
Specimen Related Information			
Name of the specimen material:			
Nature of the Specimen	<input type="checkbox"/> Geological	<input type="checkbox"/> Biological	<input type="checkbox"/> Other:
This material is	<input type="checkbox"/> Non Infectious	<input type="checkbox"/> Infectious	<input type="checkbox"/> No Sure
What precautions must/should be taken in handling samples?			
Operation related Information			
Services Required	<input type="checkbox"/> Morphology <input type="checkbox"/> EDS <input type="checkbox"/> Mini CL <input type="checkbox"/> Other: _____		
Target Magnification		Expected Hours (Sample Prep. Not included)	
Sample Preparation Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reference Provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
VP Mode required?	<input type="checkbox"/> YES, target pressure: <input type="checkbox"/> NO <input type="checkbox"/> No Sure		
Usage of the Instruments (Office Only)			
Total Machine hours		Rate	<input type="checkbox"/> Internal: <input type="checkbox"/> External:
<input type="checkbox"/> Sputter Coater <input type="checkbox"/> Ultramicrotome <input type="checkbox"/> Microtome <input type="checkbox"/> Critical Point Dryer <input type="checkbox"/> Tissue Dryer			
Notes:			