

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			
M.S. Thesis	Ph.D. Dissertation	Research Project	Other:
Will the results be published?			
YES (Please send us a copy when published)		Other:	
Is this project funded?	YES, Funding Agency:		NO
Specimen Related Information			
Name of the specimen material:			
Nature of the Specimen	Geological	Biological	Other:
This material is	Non Infectious	Infectious	No Sure
What precautions must/should be taken in handling samples?			
Operation related Information			
Services Required	Morphology	EDS	Mini CL Other: _____
Target Magnification		Expected Hours (Sample Prep. Not included)	
Sample Preparation Required?	YES	NO	Reference Provided? YES NO
VP Mode required?	YES, target pressure:		NO No Sure
Usage of the Instruments (Office Only)			
Total Machine hours		Rate	