

**SEM Sample Request Form**

Date: \_\_\_\_\_

Request NO: \_\_\_\_\_

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