



Envision Tomorrow

For information/questions contact the USIF STAFF:

(520) 621-5097

usif@email.arizona.edu

We must receive this completed form before work on your project can begin.

UNIVERSITY OF ARIZONA Client Name: _____
E-mail: _____ Phone: _____

SPONSOR/PI: _____ (U.A. Faculty member)
Email: _____ Phone: _____
DEPARTMENT or UNIT: _____
ACCOUNT#: _____ END DATE: _____ (No work to be done past this date)
Accounting Contact: _____ Fax: _____
Email: _____ Phone: _____

WORK REQUEST DESCRIPTION: Provide a brief description of the samples you wish to have SEM/STEM/EDS/CL/PL/RAMAN, analysis performed on.

State the hazards associated with your samples:

Table with 4 columns: Services, Check, Initial, INVOICING. Rows include Instrument: FESEM S-4800, FESEM, FESEM + EDS, BSE Imaging, BSE + EDS, Instrument: VPSEM S-3400N, SEM, VPSEM, SEM + EDS, SEM + CL, SEM + PL, SEM + Raman, SEM Materials Prep, SEM Biological Prep, SEM-CPD # of runs, and Data transferred to USB Drive or received by the client.

I/We the undersigned have read and understand the USIF policies and agree to abide by all regulations and procedures regarding use of the USIF. I/We also certify that funding is available for the above work, and that all information above is correct.

PI / U.A. Faculty Member

Date

Researcher/Operator

Date