Contact Information:

Requestor Name:	*Researcher Name:			
Requestor Email:	Researcher Email:			
Requestor Phone Number:	Researcher Phone Number:			
Requestor Organization:	Submittal Date:			
*The name of the researcher who will be working in the MaCS on behalf of the requestor. In some cases, the researcher is the requestor.				

Project Information:

Project Title:				
Project Description (brief description of scope and goals):				
Required timeframe for services:	Start Date:		End Date:	
Billing Account (required for approval):				
Is this an ATR NSUF Proposed Research Project? Yes No				

Instrument Information:

Imaging Instruments Required: (check all that apply)		Required Service Level*	
Instrument Name	Level 1*	Level 2*	
 Focused Ion Beam Sample Prep for LEAP Sample Prep for TEM EDS EBSD SEM 			
Nanoindenter Atomic Force Microscope			
TEM 300kV (also plan for Titan requirements)			
SEM			
Local Electrode Atom Probe (LEAP)			
What manufacture/model of instrument/s have you used?		*Service Levels: Level 1: Full service. All services including sample prep and characterization and imaging are performed by MaCS staff.	
How many years experience do you have with the instrument?		Level 2: Qualified user performs sample preparation and imaging with minimal support from CAES staff. NOTE: Instrument Lead and MaCS Lab Lead may determine if you are a Level 1 user after a 2 hour training session. The cost per hour of analysis will change if an Instrument Lead's time is required continuously.	
What type of samples have you prepared or analyzed previously? What type of analysis or sample prep have you conducted previously?			

Sample Information:

Provide a brief description of	the number of samples and th	e quantity and types of sam	nples/materials :			
Have your samples been irra	diated: 🗌 Yes 🗌 No					
The isotope used to irradiate your samples: The energy used to irradiate your samples:						
Do your samples include rad		s 🗌 No				
For rad samples include or attach a list of the following:						
Isotope	Physical Form	Amount	Activity/Dose Rate			
Will you perform sample preparation activities in CAES? Yes No						
Describe the required sample preparation techniques:						
Describe the planned waste and sample disposition:						
Describe any special requirements (ie: intellectual property restrictions):						

Signature/CAES Approval:

I understand that I may only perform work for the requested service types and timeframe approved by CAES as specified above and that services provided are in accordance with standard user rates for equipment, technical support, shipping, and disposal. Also, I must reference CAES and the appropriate instruments when I present, discuss, or write about the work I performed at CAES.

 Requestor (signature)
 Date

 CAES Agreement: (including sample prep methods and locations, cost estimate, service level(s))

 Primary Instrument Lead (Signature)

 Secondary Instrument Lead (Signature)

 Laboratory Lead (Signature)