

USERS FORM for SEM

*to be filled

BASIC DATA

| | | |
|-------------------|-------------|---------------|
| Academic degree*: | Name*: | Family name*: |
| | | |
| Faculty*: | Institute*: | |
| | | |
| Department*: | | |
| | | |
| Address*: | Tel/Fax*: | E-mail/www*: |
| | | |

PROJECT DESCRIPTION

| |
|---|
| Type of the project *: <i>(Please enter the grant number and end date)</i> |
| |
| Title *: <i>(Please enter the grant title)</i> |
| |
| Description*: <i>(Please describe briefly the problem solved and the expected result)</i> |
| |
| Material*: <i>(Please describe the investigated material, specify special protection and safety requirements)</i> |
| |
| Preparation *: <i>(Please describe the method of specimen preparation, if applied)</i> |
| |
| Samples*: <i>(Please enter the number of samples)</i> |
| |
| Request*: <i>(Please enter the demand of equipment in days)</i> |
| |
| Microscopy technique*: <i>(Please specify the techniques required SE, BSE, EDS)</i> |
| |
| Sample storage*: <i>(Please enter the period of sample storage)</i> |
| |
| Special requirements*: <i>(surface evaporation, Peltier stage, VP-SEM, other)</i> |
| |
| Additional treatment of results*: <i>(images, spectra, quantitative analysis, other)</i> |
| |

Declaration

*I had consulted the SEM operator and I got permissions to provide the above information.
I agree the data above to be used by the Microscopy Laboratory staff.*

| | |
|-------|------------|
| Date: | SIGNATURE: |
| | |

For internal use by SEM staff

Comments (project priority, time required, fitting in the current works):

| | | | |
|-------------------------------------|--------------------|--------------------|---------------------|
| | | | Approved by: |
| Number of days available | Daily price | Final price | (initials) |
| (from 1 to 30) | (brutto) | | Date: |