Request for **TOF-SIMS** surface analysis

Date		Company / Organisation	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
* Billing Address		* PO Number	

Sample names and Description (detailed info should be attached separately):

1		6	
2		7	
3		8	
4		9	
5		10	

Sample Structure

………..

Do you want the sample returned?   ☐ Yes   ☐ NO

What Analyses are required?

☐   TOF-SIMS mass spectra

☐   TOF-SIMS depth profile for elements or peaks of …………………………………………………

☐   TOF-SIMS imaging for elements or peaks of …………………………………………………

☐   TOF-SIMS 3D imaging for elements or peaks of …………………………………………………..

☐   Anything else (please specify in a separate paper if needed)

What further sample preparation is required?……………………………………………………………………….

Further comments: (eg. Special instructions, priority, importance, required by date, etc…)

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SAMPLES WILL __NOT__ BE KEPT. PLEASE COLLECT THEM WITHIN 4 WEEKS of ISSUE of RESULTS.

＊ *NB. The analysis jobs will not commence unless PO number is provided.*

Office Use Only		
Rate $100/hour	Time taken on analysis	Charge