Request for <u>TOF-SIMS</u> surface analysis (UNSW)

Date		School / Department	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
Account for Charges: ✶ **1.** Project Code ✶ **2.** Fund Code ✶ **3.** Dept ID	✶ **1.** ✶ **2.** ✶ **3.**	✶ Supervisor/Manager's **Signature** (authorizing charges) or **date of email** (email authorizing charges)	✶

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

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

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 ……………………………………………………

   Preferred sputter source   ☐ O_2 or   ☐ Cs   or   ☐ Ar_n.

☐ 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…)
……..

SAMPLES WILL <u>NOT</u> BE KEPT. PLEASE COLLECT THEM WITHIN 4 WEEKS of ISSUE of RESULTS.

✶ *NB. The analysis jobs will not commence unless the account details are provided.*

Office Use Only		
Rate $80/hour	Time taken on analysis	Charge