



Materials Characterization Facility

Vice President for Research

College of Science

College of Engineering

a user facility for the fabrication and characterization of microchemical systems

Sample Submission Form (External Agency)

Contact Name _____
Organization _____
Address _____
City _____
State _____
Primary Phone _____
Secondary Phone _____
Fax _____
Email _____

Billing Agency _____
Billing Account Number _____
Project Name _____

Special Safety Concerns **Please attach MSDS**
 Toxic _____
 Carcinogenic _____
 Radioactive _____
 Other _____

MCF USE ONLY
Internal #
Date Received
Date Complete
Total Billed

<i>Technique</i>	<i>Analysis Time</i>	<i>Rate</i>	<i>Billed Amount</i>	<i>Analyst</i>

Sample Name _____
Type(s) of Analysis to be Performed _____
Instructions for Analysis _____

Special Handling Requirements _____

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*** Please give detailed instructions for data collection (i.e., spectral range, resolution, etc.). Additional information about your sample may be requested by the analyst.***