



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 _____
 Primary Phone _____
 Secondary Phone _____
 Fax _____
 Email _____

Billing Agency _____
 Billing Account Number _____
 Project Name _____

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

Are there any export controls associated with this project? Yes NO

Date: _____

Signature: _____

MCF STAFF REVIEWING THIS FORM:

Print Name: _____

Date: _____

Signature: _____

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

Sample Name _____

Type(s) of Analysis to be Performed _____

Instructions for Analysis _____

=====

Special Handling Requirements _____

Sample Name _____

Type(s) of Analysis to be Performed _____

Instructions for Analysis _____

=====

Special Handling Requirements _____

MCF USE ONLY
<i>Internal #</i>
<i>Date Received</i>
<i>Date Complete</i>
<i>Total Billed</i>

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