

University Instrumentation Center

XPS Sample Submission Form

Please call (603) 862-1092 to discuss your sample if you have questions.

Name _____ Date _____

Advisor's signature (if applicable) _____

Grant #/ Company/PO# _____

Phone # _____ Email _____

Address (if on campus, what building?) _____

Sample name _____ Sample composition _____

Service(s) Requested:

Spectrum Analysis **Yes** _____ **No** _____

Mapping **Yes** _____ **No** _____

Ion Etching **Yes** _____ **No** _____

Qualification Regions _____

Quantification regions _____

Special Sample Handling Instructions (help us help you!):

Is sample conductive? **Yes** _____ **No** _____

What views are of interest? _____

What information are you hoping to obtain from this sample? _____

Special Instructions: _____

Disclaimer:

Quoted charges are only approximations based on accepted sample preparation protocols and instrument procedures. Actual charges may vary when additional work is required (on samples) because further preparations are needed/required or because the results/data produced initially may not have been adequate/appropriate/conclusive, even though procedures were properly followed and the instruments were working correctly.

Additional work may involve additional charges. If charges exceed the original estimate, work will not proceed unless approved in advance by telephone or e-mail.

I have read and agreed to the terms outlined in this form.

Authorized Signature

Date