



Materials Processing Request
 Complete form and e-mail to sif@ameslab.gov
 MPR:

| REQUESTER INFORMATION | | | |
|--|---------------------------|--------------------|--|
| Last Name | First Name | Middle Name | Employee Number <i>(Ames Lab or ISU)</i> |
| Organization Name | Department | Work Address | |
| U.S. Citizen Yes No | Work Phone | Contact Email | |
| <i>If applicable</i> , Group Leader Name | Group Leader Phone Number | Group Leader Email | |
| Project Funding Source/Cost Code | | | |

| REQUEST |
|---|
| <i>Provide a detailed explanation of your materials processing request. Specify your needs, preferred methods, and outcomes</i> |
| |

| INSTRUMENTS | | | | | |
|--|------------------------|-------------------|------------|---------------------|------|
| Check all requested instruments & techniques | | | | | |
| FEI Teneo LoVac (FE-SEM) | | | | | |
| <i>Techniques</i> | Imaging | EBSD | EDS | Low Vac | STEM |
| FEI Helios (FIB) | | | | | |
| <i>Techniques</i> | TEM Sample Preparation | EDS | | Slice and view (3D) | |
| | STEM | FIB Cross-section | | | |
| FEI Tecnai (TEM) | | | | | |
| <i>Techniques</i> | Conventional TEM | STEM Imaging | EFTEM/EELS | EDS | |
| | Holography | Lorentz | Cryo | Tomography | |
| FEI Titan Themis 300 Cubed (AC-TEM) | | | | | |
| <i>Techniques</i> | EDS | EFTEM/EELS | STEM | Tomography | |

SAMPLES*All materials coming to the SIF must comply with DOT shipping regulations*

| | | | | | |
|--|-------------------|-------------------------|--------------------|---------|-------|
| Common sample name | Molecular formula | Approximate size & mass | Number of samples | | |
| DESCRIPTOR (choose one) | | | | | |
| Thin film | Powder (not nano) | Powder (nano) | Liquid | Crystal | Ingot |
| KNOWN HAZARDS (check all that apply) | | | | | |
| None | Nanomaterial | Toxic | Pyrophoric | | |
| Flammable | Carcinogenic | Explosive | Dangerous when wet | | |
| Radioactive | Biohazard | Oxidizer | Corrosive | | |
| Other (specify) | | Additional Notes | | | |
| If nanomaterial, note particle size | | Bound | Unbound | | |
| Is the material being transported in a solvent? | | Yes | No | | |
| If yes, specify solvent type | | | | | |
| How will you transport your sample to the SIF? (<i>Commercial carrier, personal vehicle, etc.</i>) | | | | | |
| Will you dispose of your samples at the SIF? | | Yes | No | | |
| If yes, is sample | | Hazardous | Non-regulated | | |
| If hazardous, specify EPA waste codes | | | | | |

SAFETY QUESTIONNAIRE

| | | |
|--|-----|----|
| Have any of your samples been irradiated with neutrons or ion beams? | Yes | No |
| Will you be bringing human tissue/materials/cell lines to the SIF? | Yes | No |
| If yes, specify: | | |
| Will you be bringing regulated foreign or domestic soil to the SIF? | Yes | No |
| If yes, specify: | | |

Would you like to be present when your materials are processed?

Yes

No

Would you like your samples returned?

Yes

No

AGREEMENT

By electronic submission, I certify that the information provided herein is correct to the best of my knowledge.

FULL NAME_____
DATE