

SECTION A. USER 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 E-mail	
<i>If applicable</i> , Group Leader Name	Group Leader Phone Number	Group Leader E-mail	
Project Funding Source/Cost Code			

SECTION B. FACILITIES REQUESTED				
Check all required facilities & techniques <i>Training will be required prior to independent use of each instrument</i>				
FEI Teneo LoVac (FE-SEM)				
<i>Techniques</i>	Imaging	EBSD	EDS	
FEI Helios (FIB)				
<i>Techniques</i>	TEM sample preparation	Atom probe sample preparation	Slice and view (3D)	
	Circuit editing			
FEI Tecnai (TEM)				
<i>Techniques</i>	Conventional TEM	STEM imaging	EFTEM/EELS	EDS
	Holography	Lorentz	Cryo	Tomography
FEI Titan Themis 300 Cubed (AC-TEM) [Not available until Late Spring 2016] <i>Check box to receive updates when the Titan is available for training.</i>				

SECTION C. EXPERIENCE
Please note your experience, including date and place, with any of the above equipment

SECTION D. USAGE				
Indicate your expected usage and sample frequency <i>For those with infrequent use and low samples it might be more cost effective to work with an instrument lead to process your samples. An instrument lead will contact you with more information.</i>				
Expected Frequency of use	Weekly	Monthly	Every 3 months	Every 6 months
Estimated number of samples for your chosen time frame				

SECTION E. SAMPLE SET *All materials coming to the SIF must comply with DOT transportation regulation.*

Common sample name	Molecular formula	Approximate size and 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 <small>AL-208</small>	Toxic	Pyrophoric
Flammable	Carcinogenic	Explosive	Dangerous when wet
Radioactive	Biohazard <small>AL-202</small>	Oxidizer	Corrosive
Other (specify)	Additional Notes		
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			

If you have additional sample sets, please attach another MESA form and only fill in your name, employee number, and sections C, D, E, F.

SECTION F. SAMPLE PREPARATION EQUIPMENT

Check all needed equipment

Training will be required prior to independent use

Polishing wheel	VCR dimpler	Metallurgical mounting press
E. A. Fischione plasma cleaner	Diamond saw	Gatan dimpler
E. A. Fischione ion mill	Ultrasonic core drill	Fischione electropolishing setup
Electroplating set up	Mechanical core drill	Foil punch
Sputter coater for Au/C-string –SPI		

SECTION G. RESEARCH

Provide a detailed explanation of your research that will take place at the SIF

SECTION H. SAMPLE PREP METHODS

Provide a detailed explanation of your sample preparation methods

SECTION I. QUESTIONNAIRE

Have any of your samples been irradiated with neutrons or ion beams?	Yes	No
Will you be bringing radioactive materials to the SIF?	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:		
Will you work with compressed gas cylinders?	Yes	No
Will you work with cryogenics?	Yes	No

AGREEMENT

The SIF Program Coordinator must be informed immediately of all modifications made and that differ from the original request **at least two weeks prior to on-site arrival.**

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

FULL NAME

DATE