



MPR:

SECTION A. REQUESTER INFORMATION			
Last Name	First Name	Middle Name	Employee Number
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	
Funding Source/Cost Code			

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

SECTION C. SAMPLE SET					
<i>All materials coming to the SIF must comply with DOT transportation regulation</i>					
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	Toxic	Pyrophoric		
Flammable	Carcinogenic	Explosive	Dangerous when wet		
Radioactive	Biohazard	Oxidizer	Corrosive		
Other	Additional Notes				

Is the material being transported in a solvent?	Yes	No
If yes, specify:		
Would you like your sample returned?	Yes	No
Have any of your samples been irradiated with neutrons or ion beams?	Yes	No
Are any of your samples radioactive sealed sources?	Yes	No
Are any of your samples human tissue/materials/cell lines?	Yes	No
If yes, specify:		
Are any of your samples live animals?	Yes	No
If yes, specify:		
Are any of your samples regulated foreign or domestic soil?	Yes	No
If yes, specify:		

Would you like to be present when your materials are processed?	Yes	No
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AGREEMENT

The SIF Program Coordinator must be informed immediately of all modifications made and that differ from the original request.

Please allow 1-2 weeks for form processing. A researcher will reach out to you to discuss your request in more detail.

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

_____ **FULL NAME**

_____ **DATE**

PROCESSING		FOR INTERNAL USE ONLY	
TRANSPORTATION DESIGNATION	Not hazardous <i>Can be transported by researcher</i>	Hazardous/Exempt <i>Must first be packaged by Ames Lab Shipping</i>	Dangerous <i>Must be moved by Ames Lab</i>
Request to Researcher		Date and Initials for hand-off	
Work Begin Date	Requester Present <input type="radio"/> Yes <input type="radio"/> No	Work End Date	Total Researcher Hours
Facilities Used			
<input type="radio"/> FEI Teneo LoVac (FE-SEM)	<input type="radio"/> FEI Helios (FIB)	<input type="radio"/> FEI Tecnai (TEM)	<input type="radio"/> FEI Titan Themis (AC-TEM)
Researcher Notes			
Findings given to Requester <input type="radio"/> In person <input type="radio"/> E-mail		Date and Initials	