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

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	
If applicable, Group Leader Name	Group Leader Phone Number	Group Leader E-mail	
Funding Source/Cost Code			

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

SECTION C. 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	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**

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** _____

TRANSPORTATION DESIGNATION	◯ Not hazardous *Can be transported by researcher*	◯ Hazardous/Exempt *Must first be packaged by Ames Lab Shipping*	◯ Dangerous *Must be moved by Ames Lab*

PROCESSING			**FOR INTERNAL USE ONLY**
Request to Researcher		Date and Initials for hand-off	
Work Begin Date	Requester Present ◯ Yes ◯ No	Work End Date	Total Researcher Hours
Facilities Used			
◯ FEI Teneo LoVac (FE-SEM)	◯ FEI Helios (FIB)	◯ FEI Tecnai (TEM)	◯ FEI Titan Themis (AC-TEM)
Researcher Notes			
Findings given to Requester ◯ In person ◯ E-mail		Date and Initials	