

Analysis Request Form

MAPEX Core Facility for Materials Analytics

Date

Requesting user/Scientific contact

Name
Affiliation
E-mail Phone
Address
City Country

Please submit the filled and signed form to Dr. Guilherme D. L. Semione or to the respective application scientist prior to the measurements.

Requested analyses and special requirements

Sample(s)

Provide a description of the samples to be analyzed (attach extra sheets if necessary)

Safety

Are the samples hazardous?

Yes

No

If yes, list the hazardous substances

Disposal/collection of samples

After analysis, the samples:

Are to be disposed by MAPEX-CF.

Will be collected by the user.

The following safety measures must be observed during sample preparation and handling:

Other information

Are the samples originating from animals or humans?

Yes No

If yes, provide a declaration that the measurements will be carried out in accordance with the relevant ethical and legal requirements.

Are the requested measurements part of commercial project?

Yes No

Are the requested measurements part of scientific cooperation between the MAPEX-CF application scientist(s) and the requesting user(s)?

Yes No

If yes, provide a description of the cooperation agreement below.

The intellectual property rights
of the created data belong to:

The requesting user

The application scientist

Billing address

Use same address as for the scientific contact.

VAT number[†]

[†]For exemptions on VAT or excise duties please provide proofs separately.

The usage costs are financed by:

Group or organizational unit:

Administrative contact:

E-mail:

Phone:

Fund's number (internal users only):

I hereby confirm that I accept the terms and regulations of the MAPEX-CF present in the "General User rules and guidelines – MAPEX Core Facility for Materials Analytics" and the instrument-specific regulations of the individual instruments which will be used in the course of the requested analysis.

I hereby confirm that the fund's number stated above has sufficient funds to cover all expenses related to the requested analysis.

I hereby confirm that all information filled is accurate.

Signature of the requesting user

To be filled by the MAPEX-CF staff

Name

Date

Estimated expenses

Attach extra sheets if necessary

Additional agreements

Signature of MAPEX-CF member