**IEM Focused Ion Beam (FIB) ANALYSIS/ TEST REQUEST FORM**

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| **CIF Control No.:** |

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| **USER INFORMATION** (Please fill out ALL information) | | | | | | | | |
| Name of Faculty/Manager  Principal Investigator: |  | | | | Contact No.: |  | | |
| E-mail Address: |  | | |
| Name of Student/Requestor  Researcher: |  | | | | Contact No.: |  | | |
| E-mail Address: |  | | |
| Institution/Organization/Company: |  | | | | | | | |
| Address: |  | | | | | | | |
| **SAMPLE INFORMATION** (Please fill out ALL information) | | | | | | | | |
| 1. Sample Dimension in *mm* (*L x W x H) or (dia. x thick.)* | | | | 2. Nature of the sample (e.g. metal, polymer, semiconductor etc.) *please give description and MSDS* | | | | |
| Date of Submission/ shipped: |  | | |
| Date sample arrived in IEM: |  | | |
| Sample name / code: |  | | |
| Special handling instructions: |  | | |
| **ANALYSIS REQUEST** (Please fill out ALL information) | | | | | | | | |
| Standard Pre-TEM Lamella sample | | **YES NO** | | SEM image required | | | | **YES NO** |
| IF YES, indicate desired dimension | |  | | If YES please fill out form CIF-IEMSEM-TRF01 (see NOTES 4) | | | | |
| IF NO and require special milling requirements please indicate rectangular dimension.  *Please see NOTES 4:* | |  | | | | | | |
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| **REQUIRED:** Please draw or insert a photo of the area/ point in which you wish to cut, mill, create a lamella and take image necessary. *See NOTES 3* | | | | | | | | |
| **NOTES: PLEASE READ CAREFULLY**   1. One (1) analysis = 1 milling, a sample can have two or more milling area. so please specify the region of interest (ROI). Cost charging is PER IMAGE. 2. CIF-IEM will inspect the samples and take photo if necessary, before performing any analysis to record its condition. If it finds the sample unsuitable for analysis, IEM will inform the requestor to send a new sample at the requestors expense. CIF-IEM is not liable for any damages incurred during shipment to CIF. 3. If the region of interest is NOT SPECIFIED, IEM will select the area, otherwise any additional unspecified area or not agreed upon will be BILLED SEPARATELY. 4. IEM FIB is SINGLE BEAM system, i.e. image generated is Ion image (low resolution and sample can be degraded by long exposure). IF SEM image is required, then FORM CIF-IEMSEM-TRF01 must be filled out and it is BILLED SEPARATELY. 5. Non standard milling is charged base on time consumed during milling. 6. IEM does not accept rush analysis for FIB samples. Standard lead time is 5 working days per mill (excluding Sat/Sun and holidays). | | | | | | | | |
| **TERMS AND CONDITIONS** | | | | | | | | |
| I understand and agree to the following:   1. That I have read the “**NOTES”** carefully and I FULLY AGREE with its contents. 2. That I will be billed according to the agreed cost with IEM and analysis will commence upon payment of the agreed cost. 3. That the requested images will be sent via e-mail, in .jpg, .bmp or pdf format. 4. That the raw and processed electronic data files will be automatically deleted after 1 months from the date of release of analysis 5. Submitted samples must be retrieved within 8 working days after the e-mail release of the results. All samples not claimed after this period will be disposed of accordingly. 6. That if I wish to have my sample returned by shipment or courier, I will shoulder all the expenses. That the DLSU IEM Laboratory will not be held liable for the sample degradation or breakage during re-packaging and shipment. 7. That any papers for publication using the DLSU IEM should acknowledge the **DLSU CIF-IEM Facility.**   Signature over printed name/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Student/Researcher/ Requestor Faculty/Principal Investigator/ Manager** | | | | | | | | |
| **TO BE FILLED-UP BY THE CIF-IEM PERSONNEL ONLY** | | | | | | | | |
| Analysis Date: | |  | Contract no. (bulk submission only) | | | |  | |
| Processed / Received by: | |  | Total Cost (PhP): | | | |  | |
| Release Date of Results: | |  | OR Number: | | | |  | |
| **Results released by:** | |  | **Date of release:** | | | |  | |