**IEM TEM-EDS 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. Nature of the sample:  **Biological Inorganic Semiconductor**  **Metals**  **Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | 3. Is the sample lamella prepared by EXTERNAL LAB?  **No Yes**   1. *If* **“NO”** *please note that IEM will charge additional cost for Lamella preparation using FIB or Microtome , depending on the nature of the sample.* 2. *The duration of lamella preparation depends on the material. See notes 5.* 3. *Lamella prepared by an external lab will only be charged per image or EDS depending on the complexity of the requirement.* | | | | |
| 2. Sample type: | | | |
| **ANALYSIS REQUEST** (Please fill out ALL information) | | | | | | | | |
| Date of Submission/ shipped: | |  | | Target magnification | | | |  |
| Sample name / code: | |  | | TEM image requirement  **STEM BF DF TEM imaging only Lattice SAED NBDF HAADF** | | | | |
| Special handling instructions: | |  | |
| EDS requirement | | | | **No Yes** |
| How many images required? | |  | | IF YES to EDS pls. choose | | | | **Point**  **Mapping** |
| **REQUIRED:** Please draw or insert a photo of the area/ point in which you wish to take an image or analyze, add extra sheet if necessary. *See NOTES 3* | | | | | | | | |
| **NOTES: PLEASE READ CAREFULLY**   1. One (1) analysis = 1 image, sample can have many analyses, 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. Non- conductive samples may need conductive coating to get a better image and prevent charging up of samples which may cause absence of images, if no coating is elected by the requestor, then IEM reserves the right to select the best image setting and still charge the requestor for the services rendered- satisfied or not. 5. IEM does not offer RUSH samples for TEM sample but will inform beforehand the estimated target date (ETD) of completion. | | | | | | | | |
| **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 (for EDS report). 4. That the IEM Laboratory does not provide interpretation of the EDS results as well as the SEM images and is free from any liabilities if third parties used it for other purposes other than what is intended to. 5. That the raw and processed electronic data files will be automatically deleted after 2 months from the date of release of analysis 6. 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. 7. 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, breakage during re-packaging and shipment. 8. 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) | | | |  | |
| Sample arrival Date | |  | Total Cost (PhP): | | | |  | |
| Processed / Received by: | |  | OR Number: | | | |  | |
| Release Date of Results: | |  | Results released by :( Name / designation) : | | | |  | |