Date: / /

**User Name:**  **Organization/Dept:**

**User Email:** **Mobile No:**

1. Name of the sample:

2. All (expected) elements of the sample:

3. Description of the sample/chemical formula:

4. Does it have water? Yes/ No

5. Is the sample magnetic? Yes/ No (must avoid magnetic samples)

6. Is the sample toxic? Yes/ No (must avoid toxic samples)

STEM-HAADF

EDS

HRTEM

TEM

SAED

7. Techniques requested (to be ticked)

8. Describe clearly what is expected in the observation (for each mode):

If help is needed in sample preparation:

9. Is ultrasonication advisable? Yes/no Duration of ultrasonication: (minutes)

10. Dispersion medium (ethanol, isopropanol, water, any other (specify)?

**Lab in Charge: Signature:**

**For office use only**

 Comments: Sample number:

 Signature: