

SEM Analysis Request Form

Date: _____

SUBMITTED BY

Name: _____

E-mail address: _____

Direct Tel. No.: _____

Supervisor: _____

Lab Number: _____

 School/Centre: *Tick all that apply.*

-
- Queen's University Belfast
-
-
- School of Chemistry and Chemical Engineering
-
-
- Other School _____

-
- External
-
-
- Almac
-
- Radox
-
-
- GLT
-
- Other _____
-
-
- MOF

- Individual Category:
- Undergraduate Practical/Project
 - Masters
 - Post-graduate
 - Postdoctoral
 - Staff
 - Other

DETAILS OF SAMPLE(S)

Type of Sample(s)

-
- Inorganic
-
-
- Ionic Liquid
-
-
- Organic
-
-
- Polymer












Previously submitted:

-
- Yes
-
- No. of Times _____
-
-
- No

Sample(s) (Maximum of 3)			
	1	2	3
Sample Code			
Sample Name			
Mol. Formula (if known)			
Impurities			

Additional Information: (e.g. Hygroscopic, charging) _____

SAFETY (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive

Additional Recommended Safety Controls: _____

CHECKLIST If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

-
- Sample(s) submitted in screw top vials
-
-
- A maximum of 3 samples have been submitted
-
-
- All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Structures of Interest: _____ Size analysis <input type="checkbox"/> Yes <input type="checkbox"/> No Magnification Level: <input type="checkbox"/> Low <input type="checkbox"/> High Coating: <input type="checkbox"/> None <input type="checkbox"/> Carbon <input type="checkbox"/> Gold	Do you require EDX for elemental analysis? <input type="checkbox"/> Yes Elements of Interest: _____ <input type="checkbox"/> No EDX Analysis Type: <input type="checkbox"/> Map <input type="checkbox"/> Point & ID
--	---

RESULTS (To be completed by the analyst)

Sample Number	1	2	3	4	5
ASEP Sample Code					
Results Emailed	Y / N	Y / N	Y / N	Y / N	Y / N

Results will be emailed to the person submitting samples using the e-mail address provided on this form.

N.B. You must collect your samples before you can submit any more.

 Comments

Analyst _____

Date: _____