

TEM Service Request Form

SERVICE REQUESTER

Requester's Name: _____ Date: _____

Requester's Affiliation: UT/ORNL Other University Nonprofit Industry/Corp./Co./LLC/Ltd.

UT Customer Account #: _____ Non-UT Customer PO #: _____

Principal Investigator or Person Authorizing Services: _____

University/Department/Industry Corporation: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

SERVICE REQUESTED

Purpose of Service Requested: _____

Expected/Predicted Outcome(s) of Service Requested: _____

Imaging & Sample Prep

Amplitude Contrast TEM Imaging Diffraction Pattern Imaging Defect Imaging

High Resolution TEM Imaging Z-Contrast TEM Tomography SEM Imaging FIB Imaging

FIB Patterning FIB TEM lift-out TEM Sample Prep SEM Imaging FIB Tomography

Other: _____

Analysis

Electron Energy Loss Spectroscopy X-Ray Energy Dispersive Spectroscopy

Diffraction Pattern Interpretation Convergent Beam Electron Diffraction

Other: _____

SERVICE SPECIMEN

Description/Material(s): _____

TEM Preparation: _____

Mounting: _____

Column Vacuum Preparation: _____

Susceptibility To: Magnetic Fields _____; Electron Beam Damage _____

SERVICE PROVIDER

Name: _____

Qualifications: _____ User Level: _____

Affiliation: _____

SERVICE CENTER APPROVAL

Facility Manager: _____ Date: _____