CENTRAL SOPHISTICATED INSTRUMENTATION FACILITY

UNIVERSITY OF CALICUT

REQUISITION FORM FOR FESEM ANALYSIS

Student (Internal)	Date:___/_____/_____

1. Name: ……..…….. 2. Designation: ……..…….....
3. Department: ……4. Mobile number: ……..……..…….....
5. Email ID: (Supervisor)…….
6. Email ID: (Scholar)…….....

Sample details: NON –BIOLOGICAL Samples

Sl. No.	Sample Code	Nature of Sample[1]	SEM/ SEM-EDAX	Sample type[2]	Requirements	Required coating
1						Yes/No
2						Yes/No
3						Yes/No
4						Yes/No
5						Yes/No

[1]Liquid / Foil / Powder / Film / Crystal (sample should be dry) [2] Metallic / Ceramic / Polymer

Sample details: BIOLOGICAL Samples

Sl. No.	Sample Code	Size of Sample (mm^3)	Nature of Sample[3]	SEM/ SEM-EDAX	Sample Condition[4]	Dehydration Medium	Required CPD
1							Yes/No
2							Yes/No
3							Yes/No
4							Yes/No
5							Yes/No

[3]Plant/Plant part/Animal/Animal part [4]Unprocessed/Prefixed in Gluteraldehyde

Note: 1. Samples must meet quality for imaging (Properly pre-treated and dried samples are only accepted)
2. Powder samples quantity must be 0.5 g (minimum), thin film size must be below 1x1 cm^2

TERMS AND CONDITIONS

1. Please specify the nature of your sample if it contains any toxic/ flammable/ hazardous/ explosive component. If the sample causes any harm at any instance of the analysis, it will be the responsibility of the user to suitably compensate CSIF for the same.
2. Potentially hazardous samples will not be accepted for analysis.
3. The results provided by CSIF will depend on your sample. However, any clarification regarding the results has to be cleared in a week from the date of despatch of results.
4. The samples will be stored only for two weeks after analysis.
5. All users are required to acknowledge CSIF, University of Calicut while publishing the results in journals, dissertation, thesis etc. A copy of such publication must be submitted to CSIF for reference and record via Email: csiftechnical@uoc.ac.in
6. The charges (if any) have to be paid at the time of delivery of samples for analysis. All the payments should be made to the CSIF, University of Calicut.
7. Partially filled form and form without office seal will be summarily rejected.

I/We agree to the above terms and conditions.

Signature of the user | Signature of the supervisor (With seal) | Signature of the equipment-in charge (With seal)

FOR OFFICE USE ONLY

Request number : Received date :
Name of Operator :
Date Completed :

Signature of the operator