

Nanoscale Characterization and Fabrication Laboratory

NCFL

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NCFL Work Request Form (for users outside Virginia Tech)

Company Name: _____ Contact Name: _____ Billing Address: _____ _____ _____ City/State/Zip: _____ Phone: _____ Fax: _____ Other contact no. (cell, pager): _____ Email: _____	Date: _____ P.O. No: _____ (attach copy of PO) Estimated Cost (if known): _____ <hr/> Academic/NonProfit? YES ___ NO ___ Federal Flow-Through Work? YES ___ NO ___ If yes, Agency: _____ Contract/Grant No: _____ <i>I certify this funding information is accurate</i> Printed Name: _____ Signature/Date: _____ Title: _____
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Description of Work

Number of samples: _____	Details/photos attached: _____
Analytical techniques requested: _____	
Description of analysis: _____ _____ _____	
Send Report by: ___ Email ___ Mail ___ Overnight ___ No Report Needed	

Samples will be retained for 8 weeks then discarded unless otherwise requested

Return samples _____
Special handling requirements: _____

PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES

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