

NCFL Work Request Form (for Virginia Tech user training and assisted sessions)

Date: _____	P.O. No: _____
Contact Name: _____	(attach a copy of PO if required)
Department: _____	Estimated Cost (if known): _____
Phone: _____ Fax: _____	
Email: _____	
PI's Name: _____	

Description of Work

Number of samples: _____
Analytical techniques requested: _____
Objectives of analysis (What kind of information would you like to acquire by doing this?)

Samples will be retained for 8 weeks then discarded unless otherwise requestedReturn samples Y / N

Special handling instruction (if needed) _____

Data will be uploaded to NCFL ftp. Contact the instrument specialist in charge for details.

Acknowledgement Statement: The NCFL receives support from the National Science Foundation that is vital to maintain the high quality of our facility and we strongly ask that you acknowledge their contribution in your publications and presentations that result, in full or part, from using our facilities. After your results have been published, please share the bibliographic information to susette@vt.edu.

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