



ELECTRON MICROSCOPY FACILITY

SEM and TEM Service Request Form

Date: _____

Name: _____ Email: _____

Department: _____ Phone: _____

University/ Business: _____

Graduate student (MS, or PhD) (PostDoc or Faculty). Please check one.

Account Authorizing (Advisor/ Business Manager) Name, email, and telephone number:

Account Authorizing (Advisor/ Business Manager) Signature: _____

For external (i.e., non-Columbia users), please provide all information needed for submission of an invoice for TEM or SEM services received.

Account number (internal users):

Unit	Dept.	PC Bus Unit	Project	Activity	Initiative	Segment
COLUM						

Example: COLUM 1234567 SPONS GG123456 01 12345 SMITH1

Please describe as best as you can in the space below the following:

- Type and number of samples you would like to have examined in the SEM or the TEM.
- Whether you already have samples ready to be imaged, or whether you need us to make them.
- What you expect to learn from the SEM or TEM examination

Please send the completed, signed and scanned form to Dr. Christopher Goulbourne at cg2929@columbia.edu.