**REQUEST FORM FOR XPS MEASUREMENTS**

****

No.: \_\_\_\_\_\_ Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

Please fill out the order form for each sample submitted. This form should be mailed electronically to [gabriele.schatte@chem.queensu.ca](mailto:gabriele.schatte@chem.queensu.ca).

**Powdered samples:** Submit in a clearly labeled glass vial with a screw cap and limit the quantities submitted to 0.2 to 0.5 g for each sample.

**Substrate-supported samples:** Substrates should generally be no more than 1 mm thick and of dimension approximately 12 x 12 mm. Consult beforehand if your samples vary significantly from these guidelines. Samples should be stored such that the surface to be analysed remains upright and out of contact with any material which might contaminate it. The side of the sample to be analysed should be clearly indicated through written description and/or label.

* **USER INFORMATION**

NAME:

PRINCIPAL INVESTIGATOR or SUPERVISOR:

PHONE #:

ADDRESS:

* **SAMPLE DETAILS**

**Has a similar sample been submitted previously? Yes No**

**If the answer is Yes, please provide the name of the dataset and the date:**

Name of dataset:

Date:

**Should the samples be returned (occurring shipping costs will be charged for external users)? Yes No**

* **MAILING ADDRESS:**

*Queen’s University, Department of Chemistry*

***Attn.: Dr Gabriele Schatte***

*90 Bader Lane*

*Kingston, ON  K7L 3N6*

*Tel:   (613) 533-6000  x74474*

*Fax:  (613) 533-6669* (continued, over)

**SAMPLE DETAILS:**

Indicate **all** elements present. Unless otherwise instructed, we will take spectra for each:

(**Note:** H and He cannot be detected with XPS. We do not accept samples that contain radioisotopes.)

Give a brief description of your sample. This should include its physical form (e.g. particulate, particle size, substrate support, details of overlayer thickness and composition, general methods of preparation) and what you hope to learn about the sample from the XPS analysis:

**Special instructions (light sensitive etc.):**

* **FOR INTERNAL USE ONLY**

Date of Sample received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Sample measured: \_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Dataset saved as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report send on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Charges: \_\_\_\_\_\_\_\_\_\_$CAD Billed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service provided by : Signature/Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_