

Microscopes

Date:

Name and surname:.....

.....
Research group leader

Department:

Number of samples:.....

Name of sample/s:.....

Analysis to be done:

☐ SEM imaging

Preparation:

☐ Sputtering Au

Payment :

☐ PDB ☐ Grant No.:..... ☐ Other.....

Disponent of payment:

.....

Comments:

phone:

e-mail:

Caution: The order with missing informations
will be rejected!

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