

Deposition Request Form rev10/12-sm

Personal Contact Information

Date: ___/___/___

Name: _____ Phone # _____ E-Mail _____

Project Reference Number: _____ Dept _____

Professor _____ Professor Email _____

Substrate Description (substrate provided by user)

Total Number of Substrates: _____

Substrate Material	Size	Thickness	Ring Size & Thickness	Type: Dopant/Orientation/Resistivity (silicon wafer only)

Deposition Specifications

Film Function/Application:** _____

Layer	Material	Thickness (Å)	Deposition Method E-Beam/ Sputtering	Layer n
1				
2				Layer 2
3				Layer 1
4				Substrate
5				
6				

** List the function of deposited film, required (i.e. electroplating bases, sacrificial layers, etc.)

- For technical issues please contact Kungnam Kang,(kkang2@lsu.edu, 225-578-4618)
- Available materials and maximum thickness:
E-Beam Evaporation – Cr (200 nm), Au (50 nm), Ti (2000 nm), Al (300 nm), Cu (500 nm)
Sputtering – Ti (3000 nm), Cu (1000 nm), Ni (1000 nm)
- It is the user responsibility to ensure substrates are clean
- If special requirements are necessary please attach detailed instructions
- Please allow (5) working days for processing. Pick up samples in a timely manner after processing.

Substrate should accompany this sheet and samples left on the table in cleanroom #1 near the e-beam evaporator. Send an e-mail to K. Kang regarding the sample. If you are not an authorized cleanroom user, please contact Shaloma Malveaux, smalvea@lsu.edu, 225-578-9343 to arrange sample delivery.

CAMD Office Use Only

Date Received:

Comments:

Anticipated Deposition Date:

Run Number: _____ Run Date: _____ Operator Code: _____