

CAMD Metrology Request Form

(Scanning Electron Microscopy, Optical Profilometry,)

Personal Contact Information :

Date: ____/____/____

Name: _____ Phone #: _____ Department: _____

Project Reference #: _____ E-mail: _____

Substrate Description*

1. Sample Name _____
2. Substrate Material _____
3. Material of Top Layer: _____
4. Other substrate description details which may be necessary for analysis:
5. The User may elect to be present during analysis to direct the technician on imaging requirements.**
____ I request to be present for this analysis, please contact me for scheduling
____ I do not need to be present
6. Analysis description – include extra page (s) for details if necessary
7. If areas of investigation are non-metallic, specify the preferable thickness of gold coating deposited _____Å
otherwise standard thickness for your application will be applied

* Please include a form for each sample unless it is a batch analysis

- Forward sample and form to Varshni Singh, LSU/CAMD room #130, visngh2@lsu.edu, 225-578-0248
- For technical issues contact Varshni Singh, ysingh2@lsu.edu, 225-578-0248
- If special considerations are necessary, please include detailed instructions
- If is your responsibility to ensure satisfactory sample conditions for analysis
- Please allow (5) working days for processing

CAMD Office Use:

Date Received: Anticipated Completion Date:	Comments:
Performed by: Approved by: Date:	Signature of recipient: Date received: