

**MHMC - Surface Analysis- Request for XPS-AES analysis**

|               |  |
|---------------|--|
| Date:         | Signature:   |
| Name:         | First Name:  |
| Unit:         | *Return samples after analysis: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Phone number: | Email :  |

Describe the type of requested analysis, required elements, need for depth profiling, etc...  
Give a small description for each sample (if necessary make a sketch)

**By signing this form, the user certifies that the provided samples do not represent any particular chemical hazard and are not radioactive.**

\* Return samples not retrieved by users will be eliminated after 3 weeks.

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|   |            |
|---|------------|
| Analyses XPS <input type="checkbox"/> faites le : | Temps XPS: |
| Analyses AES <input type="checkbox"/> faites le : | Temps AES: |