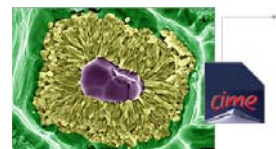


CIME Service request



Fill in and send to cime@epfl.ch

Name:	First name:	Date:		
e-mail:	Phone number:	Faculty:	Institute:	Laboratory:
Prof./Project leader:				

Short description / Part of which project:
Samples (type, number, already prepared?):
Goal:
Estimated time (leave open if not clear):
Comments:

CIME (do not fill in)		
Service number:		
Operator and comments		
Preparation:	SEM:	TEM:
Scheduled:	Finished:	Follow up:
Billing notice:		
Result, comment:		
Signature CIME staff:		