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: |