

PROPOSAL

for measurements at ProVIS - Centre for Chemical Microscopy

General Information

Applicant / Contact person:

E-mail:

Phone:

Fax:

Institution/Department:

Postal address:

People involved in the project:

Project

Project title:

Key words:

Estimated analysis time: days (leave blank if unknown)

Earliest start of the project: (dd.mm.yyyy, or 'as soon as possible' etc.)

required instruments:

Fluorescence microscope	nanoSIMS	MALDI-ToF (Bruker)
Electron microscope	ToFSIMS	FTICR-MS
He-ion microscope	ICP-MS (SPECTRO)	Orbitrap nLC-MS/MS
Confocal Raman	ICP-MS (Neptun)	

Abstract:

Expected scientific impact:

Samples

Number of samples (if known)

Sample preparation required:

(NO=analysis only)

Type of samples

Description of analysis:

Analysis similar to previous measurement

Additional information provided

Return samples after analysis

Special handling of samples required

DATE, SIGNATURE

With my signature I accept that this proposal will be discussed internally within the ProVIS team. The proposal will be treated confidentially.

SEND THE FILLED FORM VIA EMAIL TO isobiosek@ufz.de
PLEASE PRINT AND SIGN A COPY OF THIS FORM AND PROVIDE IT WITH YOUR SAMPLES.

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