

Project Request Form – SEM equipment
Micro-Imaging Research Facility – Usage Agreement
Center for Dental Research, Loma Linda University School of Dentistry

***Instruction:** One form for each project; complete the form and email the PDF file to: sdmicroimaging@llu.edu*

Section 1: User Information

Date (MM/DD/YY): _____ Principal Investigator: _____

PI email: _____ PI Phone: _____

PI Position: _____ Department / School: _____

Funding Source: Internal ☐ _____ External ☐ _____

Section 2: Analysis

Analytical technique: SEM ☐ EDS ☐ STEM ☐

Other requirements, describe: _____

Section 3: Project Information

Project Title: _____

If applicable: IRB ☐ IACUC ☐ Biohazard Chemical ☐ Radiation ☐

Project Sponsor: LLUSD: ☐ LLU - Other Schools: ☐ Non-LLU: ☐

Project Status: Continuing ☐ New ☐

Project Description: Please provide an abstract/summary including a) hypothesis, b) groups including the number of samples to be imaged, c) parameters for the SEM, d) anticipated problems, and e) other information relevant to imaging and analysis. The information is used for SEM equipment and analysis, and will be kept confidential.

Researchers authorized to plan and schedule experiments (Last Name, First name). If you have extramural collaboration, specify colleague institution, e-mail, and phone number.

1.
2.
3.

Section 4: Budget Estimation

Start Date: _____ End Date: _____

Estimates: SEM Imaging Time: _____ EDS analysis: _____ with operator assistance ☐ _____

Analysis Time: by Investigator ☐ _____ by MRF ☐ _____

Training: No ☐ Basic ☐ _____ Advance ☐ _____

Sample preparation: ☐ _____ Sputter coating ☐ _____

Advanced support & consultation: _____ Total Budget: _____

Cost Center _____ Credit ☐

Note: Sign below to indicate that you agree to provide intellectual credit to the consultant (e.g., authorship of publications, copyrights, and patents) for consulting on the project beyond performing SEM and analysis. PI Signature: _____

Authorization Signatures:

PI: _____ Date: _____

Cost Center Administration: _____ Date: _____

Department Chair: _____ Date: _____

Micro-Imaging Research Facility (MRF) – Office Use Only

User LLU ID: _____ Project ID: _____

Comment: _____

Project Approval: _____ Date: _____ Estimated Cost: _____

Rate Information: LLUSD ☐ LLU – Other Schools ☐ Non-LLU ☐ Credit ☐

Authorization Signatures:

MRF Staff: _____ Date: _____

MRF Director: _____ Date: _____