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

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| --- | --- |
| Date: | Signature: |
| Name: | First Name: |
| Unit: | \*Return samples after analysis: Yes☐ No☐ |
| 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 ☐ faites le : Temps XPS: |
| Analyses AES ☐ faites le : Temps AES: |

SM/17.09.21