

University Science Instrumentation Centre (USIC)

University Of Delhi, Delhi-110007

Date: ____/____/____

Requisition form for High-Resolution Transmission Electron Microscopy [HR-TEM]

1. Name of the Scholar: _____
2. Name of the Supervisor: _____
3. No. Of Slots booked _____
(Max. 2 Samples per hr allowed)
4. No. of Samples : _____
5. Sample Code: _____

Sample ID	Nature of Samples: Powder (Grid Segregation must be done) (3 mm Disc)	*Sample Description (* all fields are mandatory)	Analysis Mode Details must be given HRTEM/ bright field/dark field/ SAED/EDS
		➤ Elemental Information: ➤ Is the sample magnetic? (Yes/No) ➤ Expected Morphology & particle size (SEM image mandatory, if possible): ➤ Whether the sample is Amorphous/ Polycrystalline/ Single Crystal? ➤ Is the sample hygroscopic? (Yes/No) ➤ Is the sample sensitive to electron beam? (Yes/No) ➤ Whether the sample is volatile? (Yes/No) ➤ Is the sample carcinogenic/Toxic/Radioactive /Corrosive/ ➤ Explosive/Flammable? ➤ Medium of Dispersion:	Magnification for HRTEM Micrographs:

NOTES:

1. **Two samples or one hour (whichever is earlier) are permitted for single user.**
2. Magnetic/Potentially hazardous/toxic/radioactive samples or samples that are not high vacuum compatible cannot be analyzed by HRTEM.
3. Slot will be given as per queue at the time of submitting requisition form.
4. Please bring the basic analysis details of the sample like XRD, SEM, etc. (if possible)
5. Please provide a new CD/DVD for collecting your data. Other devices are not allowed.

6. Sample must be submitted to the competent authority at least one day before from the date of slot.
7. Sample should be prepared properly by the users & **user has to send** the respective **TEM grid** for the measurement. Sample should be completely dry or free from moisture.
8. The charges mentioned are only for measurement and providing the raw data (in the format available with the instrument) thereafter. No analysis/software compatibility of data can be claimed later.

Signature of the
Student/Scholar: _____
Department: _____
Contact No.: _____
Email id: _____

Signature
of the Supervisor: _____
Department
(with seal)