

## REQUEST FORM FOR NAP-XPS

### APPLICANT INFORMATION

Last name:

Name:

e-mail:

Phone:

CITIUS team work:

CITIUS team work leader:

Project' name to charge the analysis:

Previously quoted: ☐ No ☐ Yes

### SAMPLE INFORMATION <sup>1</sup>

- Chemical composition (estimated formula):
- Description of the analysis to perform, temperature, gases, composition and total pressure:

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<sup>1</sup>In case of foils or discs, the dimension must be 6 x 10 mm to fit in the sample holder.

➤ Required analysis:

☐ NAP-XPS      ☐ NAP-UPS

➤ Spectra to record (survey and zones):

Indicate the zones to register: (e.g. Zn2p; Zn AES; etc...)

➤ Type of sample:

☐ Powder      ☐ Foil      ☐ Liquid

**SPACE FOR XPS SERVICE**

Registration number:

Observations:

Start date:

End date:

Date:

Signature:

Name:

**NOTE:** Presenting this document with the sample(s).

Servicio de Espectroscopia XPS, email: [sgi-servicioxps@us.es](mailto:sgi-servicioxps@us.es), Phone: 954550129

(to Nuria García Moncada, técnico del servicio)

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