



# VirginiaTech

Nanoscale Characterization and  
Fabrication Laboratory

**NCFL**  
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## NCFL Work Request Form (for users outside Virginia Tech)

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Other contact no. (cell, pager): \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: \_\_\_\_\_  
 P.O. No: \_\_\_\_\_ (attach copy of PO)  
 Estimated Cost (if known): \_\_\_\_\_

Academic/NonProfit? YES \_\_\_ NO \_\_\_  
 Federal Flow-Through Work? YES \_\_\_ NO \_\_\_  
 If yes, Agency: \_\_\_\_\_  
 Contract/Grant No: \_\_\_\_\_  
*I certify this funding information is accurate*  
 Printed Name: \_\_\_\_\_  
 Signature/Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

### Description of Work

Number of samples: \_\_\_\_\_ Details/photos attached: \_\_\_\_\_  
 Analytical techniques requested: \_\_\_\_\_  
 Description of analysis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Send Report by: \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_ Overnight \_\_\_\_\_ No Report Needed

**Samples will be retained for 8 weeks then discarded unless otherwise requested**

Return samples \_\_\_\_\_  
 Special handling requirements: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES**