Advanced Materials Characterization Lab
Helios Nanolab 600
FIB/FESEM

Name: _____ **MoCode to be charged*:** _____
Email: _____ **Advisor's Name:** _____
Date Submitted: _____ **Advisor's Signature*:** _____

Lab # (official use only)	Sample # (Your identification number)	Sample Description Describe type of FIB analysis requested. Complete description of sample materials

Please draw a map of sample(s) and indicate where analysis should take place.

Date Completed:_____ **Start Time**_____ **Finish Time** _____

*** No samples will be analyzed without a valid MoCode and Advisor's signature**