INSTRUMENTATION REQUEST AND CONSULTATION FORM

Please submit this form to jsnntools@ncat.uncg.edu

Name: ____________________________________________________________

Job Title and Company/Institution: __________________________________________________________

Affiliation (e.g. NIC, SENIC, GMTC, unaffiliated, JSNN, NCAT/UNCG): __________________________

Email: ________________________________ Telephone: ________________________________

- Briefly describe the nature of your project or proposed work as it pertains to the technique requested:

  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- What instrument(s) do you believe you need and why?

  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- Briefly describe your previous experience or knowledge about these instrument/(s).

  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- Do you anticipate using the instrument/(s) yourself or will you require staff to run your samples?

  ________________________________________________________________
  ________________________________________________________________

Do you require any of the following (check all that apply)?

Training

Work performed by Research Staff (may incur additional charges)

Data Analysis (may incur additional charges)

Formal Report (may incur additional charges)

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

Signature: ________________________________ Date: ________________________________

Advisor Signature (for Students): ________________________________ Date: ________________________________