POLITECNICO MILANO 1863

Analysis request form

Responsible (owner of the funds on which the expense will be charged):

Applicant (name and e-mail contact):

Sample description:

Number of samples: Name of the samples:

Requested analysis:

Useful parameters (magnification, area, angular range, etc.):

Notes:

Samples to be disposed of ☐ Samples to be returned ☐

Special prevention and protection measures to be adopted during safe transport, handling, and/or storage:

☐ None

☐ Yes (please, specify)……

Date of the request: Signature of the person in charge or of a delegate:

If samples have to be returned, they will be available for collection on the SAMM shelf starting from the day following the analyses and for no more than 10 days after which they will be disposed of by the technicians.

Spazio riservato al Responsabile Tecnico di Prova

To be filled by the technician only

Analisi effettuata il:

Tempo impiegato:

Annotazioni:

Campioni restituiti in data: Firma RTP: