

# Western Nanofabrication Facility

## Industrial Service Work Request For Service Work Provided by Nanofabrication Facility Staff

This form is required for new customers who require work to be performed for them by Nanofabrication Facility Staff.

To create a billing account, a **purchase order must be provided in advance** to cover the anticipated costs. For ongoing work, a standing purchase order is typically used. Please contact [nanofab@uwo.ca](mailto:nanofab@uwo.ca) for cost estimates.

**Please return to Tim Goldhawk PAB 25 or email: [tim.goldhawk@uwo.ca](mailto:tim.goldhawk@uwo.ca)**

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User Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Prov/State \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_

Telephone : \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Brief description of service(s) required (e.g. SEM, FIB, Deposition, Fabrication, Characterization, etc)

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Please Note: If visiting the Nanofabrication Facility to observe - long pants and clean closed toe shoes are required. Shoe covers, gloves, caps and coats and safety glasses must be worn at all times in the cleanroom. All users and visitors must sign in and out of the Logbook at the entrance.

**The User and their Supervisor agree to acknowledge the Nanofabrication Facility in all publications and presentations referring to work performed in the Facility. As a courtesy, the Nanofabrication Facility should be notified of all publications resulting from work performed in the Facility.**

For work that requires the development of non-standard processes by Nanofab staff, process engineering time plus instrument fees will be charged. It is expected that suitable credit will be given in any resulting publications in the form of personal acknowledgement or co-authorship, as appropriate.

**Signature of User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Supervisor Approval – Billing Information

I confirm the above individual will be working under my supervision and requires service to be performed by Nanofabrication Facility Staff as part of his/her or my research activity. I agree to pay for all materials and instrument charges that may be incurred as per current Nanofabrication Facility policy. This work is funded from a research grant for which I have signing authority and is eligible to be charged the Nanofabrication Facility Academic user fee rates.

Supervisor Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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