

Abstract:

Expected scientific impact:

Samples

Number of samples (if known)

Sample preparation required:

(NO=analysis only)

Type of samples

Description of analysis:

Analysis similar to previous measurement

Additional information provided

Return samples after analysis

Special handling of samples required

DATE, SIGNATURE (APPLICANT)

With my signature I accept that this proposal will be discussed internally within the ProVIS team. The proposal will be treated confidentially.

Agreement on internal cost invoicing (UFZ internal applications only)

DATE, SIGNATURE (HEAD OF DEPARTMENT)

With my signature I accept that the costs will be internally invoiced (ILV) to the applying department.

SEND THE FILLED FORM VIA EMAIL TO office.provis@ufz.de
PLEASE PRINT AND SIGN A COPY OF THIS FORM AND PROVIDE IT WITH YOUR SAMPLES.