



**iThemba  
LABS**  
Laboratory for Accelerator  
Based Sciences

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## **EBEAM Deposition Request Form**

Furnish all the required information and submit this form to the HoD, Dr Mlungisi Nkosi at:  
E-mail: [m.nkosi@ilabs.nrf.ac.za](mailto:m.nkosi@ilabs.nrf.ac.za)

### **Particulars of requester**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Institution: \_\_\_\_\_ Email: \_\_\_\_\_

### **Material/s Information**

Layer 1: \_\_\_\_\_ Thickness: \_\_\_\_\_ Tolerance: \_\_\_\_\_

Layer 2: \_\_\_\_\_ Thickness: \_\_\_\_\_ Tolerance: \_\_\_\_\_

Purity (I.E): \_\_\_\_\_ Substrate: \_\_\_\_\_

# of Samples Requested: \_\_\_\_\_ Date Required: \_\_\_\_\_

(if samples are to be used in our facility): **Yes / No**

**Project No:** \_\_\_\_\_ **Project Spokesperson:** \_\_\_\_\_

Please note that the users are responsible to **bring/buy** their own EBEAM crucibles liners to contain the material to be deposited. We will provide that information to users on request.

Material to be supplied by requester? **Yes / No**

If the answer is No, please indicate any financial contribution towards purchasing the material/s:

### **Comments/Special requirements**

\_\_\_\_\_  
**Requester Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**