

**LABORATORIO SUBTERRÁNEO DE CANFRANC**

**LSC SCIENTIFIC SERVICES REQUEST**

*To be completed by the applicant*

Name: ………………………………………………….. Surname: ……………………………………………………………..............................

□ Professor □ Researcher □ Post-doc □ Doct. Student □ Undergraduate □ Other (specify)

as a member of the LSC experiment (if any): …………….…………………………………………………………………………………………

submit the present request to the LSC Committee for Scientific Services for time / operation in the following Service:

 □ Space for underground storage

 □ Ultra-low background measurements with HPGe detectors

 □ Ultra-low background measurements with an ICP-MS

 □ Electroforming of some copper components

 □ Underground clean room (class 1.000 and 10.000)

Main reasons supporting the request: ….………….……….……………….………………………………….…………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

Requirements (equipment and time needed, number of samples…): …….……………………….………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

Contact phone and/or e-mail: ……………………..…….…………………………………………………….............................................

Date: ………………………………. Signature:

*To be completed by the LSC:*

Taking into account the reasons provided and the availability of the Service requested, the LSC Committee for Scientific Services in its session of date ……………………………….………….. proposes to □ accept / □ non accept this application, according to the following observations: ………………………….…………..………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

On behalf of the Committee, Name: ……………………………………………………………………………………………………………..

Date: ………………………………. Signature:

Request: □ AUTHORIZED □ NON AUTHORIZED by the Director of LSC

Date: ………………………………. Signature of the LSC Director: