 **LABORATORIO SUBTERRÁNEO DE CANFRANC**

 **LSC SCIENTIFIC SERVICES REQUEST**

*To be completed by the applicant*

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

[ ]  Professor [ ]  Researcher [ ]  Post-doc [ ]  Doc Student [ ]  Undergraduate [ ] Other (specify)

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

submits the present form to the LSC Committee for Scientific Services to request 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 rooms

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

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

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

………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………

Contact phone no. 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 [ ]  approve / [ ]  not approve application, according to the following observations: ………………………………………………………………… ……………….….…………..……………………..…………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………..…..….

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

Date: ………………………………… Signature:

Request: [ ]  AUTHORISED [ ]  NOT AUTHORISED by the Director del LSC

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