 **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: ..….……………….……………………………….…………………………………………..….

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

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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: