



# ILLINOIS

## Illinois Materials Research Laboratory Central Facilities

### Facility Use Proposal Form for Industrial Use

**Title of Research Proposal:**

**Company Name:**

**Note:** A signed *TTA* or *FUA* must be on file before work can be started. Once your proposal submission is complete, the appropriate forms will be mailed to the Primary User for signatures.

**Statement of Work:**

(i.e. what work will the MRL perform)

Work to be performed by:

Company employee  MRL facility staff

Will a Non-Disclosure Agreement be required?

Yes  No

May the University publish test results to third parties orally and in writing after a prescribed review period by the Company?

Yes  No

Value of Testing Agreement:

\$  \$10,000 is the default value for agreements. You will only be charged for the actual value of usage in the facilities. Usage over the contracted amount requires a signed ammendment to the agreement.

If the U.S. government is the source of any of the funds paid by COMPANY under this agreement, then COMPANY represents the following

Are Federal Funds being used for this project?  Yes  No  
Percent of federal funds:  % CFDA #:   
Federal agency providing funds:

Are the funds subject to audit?  Yes  No

Audit standards:  OMB Circular A-133 or  Other (You will be asked to attach pertinent information.)

**Notices:**

(Address to which all notices pertaining to the agreement should be sent.)

(Street address required for courier delivery. An email address can be added for electronic communication.)

### Proposal Information:

Proposal is:

New  Change of Scope

If Change of Scope, please list current User Number :

Subject of Proposal  
(Check all that apply)

Materials Science  Physics  Chemistry  
 Polymers  Medical Applications  Biological & Life Sciences  
 Earth Sciences  Environmental Sciences  Optics  
 Engineering  Instrument / Technique Development  Other

### 1. About Your Investigators

**Primary User:**

Title:   
First Name:   
Last Name:   
Citizenship:

Employer:

Work Address:

Work Phone:

Email:

FAX:

Alternate / Home Phone: (optional)

- MRL contacts or collaborators:  Mauro Sardela       Steve Burdin       CQ Chen       Jeff Grau  
 Check all that apply, at least one.       Doug Jeffers       Rick Haasch       Jim Mabon       Lou Ann Miller  
     Remy       Tao Shang       Julio Soares       Jessica  
 If unknown, check Mauro       Timothy Spila       Wacek Swiech       Kathy Walsh       Xiaoli Wang  
 Sardela (Director of Facilities)       Zhiyu 'Jade' Wang       Lon Westfall       Honghui Zhou



ILLINOIS

# Frederick Seitz Materials Research Laboratory Central Facilities

Enter Co-Investigator Data and Press <Add Investigator> for each additional researcher. Press <Continue> to proceed to next step when finished.

**Co -Investigator:**  Check if **intending to perform on-site research in the FSMRL Facilities and need to be assigned a user ID**

Title:

First Name:

Last Name:

Citizenship:

Employer:

Status:

Work Address:

Work Phone:

Email:

FAX:

Alternate / Home Phone:



# ILLINOIS

## Illinois Materials Research Laboratory

### Central Facilities

#### Facility Use Proposal Form - Part 2 About Your Project

*Suggestion: Use cut and paste to provide text answers. Save your answers in a text file just in case of a problem during submission.*

**Describe the overall research project related to the work you intend to do at the MRL facilities, and its scientific importance:**

**Describe any preliminary research you have performed:**

**Describe your test materials.**

**Please select the techniques you will need to use to be able to complete your proposed project.**

*Please be as detailed as possible about the information you would like to obtain for each technique requested!*

*Failure to do this will result in the proposal being returned for additional information and significant delays.*

Laser and Spectroscopy Core				
<input type="checkbox"/> Photoluminescence (PL)	<input type="checkbox"/> Photoluminescence Excitation (PLE)	<input type="checkbox"/> Time-resolved PL	<input type="checkbox"/> Ellipsometry	<input type="checkbox"/> Spectroscopic Ellipsometry
<input type="checkbox"/> Conventional Optical Microscopy	<input type="checkbox"/> Confocal Microscopy: Fluorescence	<input type="checkbox"/> Confocal Microscopy: Raman	<input type="checkbox"/> NSOM	<input type="checkbox"/> Non-linear microscopy
<input type="checkbox"/> Low Temperature Raman spectroscopy	<input type="checkbox"/> Optical detector response and quantum efficiency	<input type="checkbox"/> Photovoltaic device characterization	<input type="checkbox"/> Reflectance/Absorption/Transmission (UV-VIS-NIR)	<input type="checkbox"/> Reflectance/Absorption/Transmission (IR:FTIR)
<input type="checkbox"/> Time-domain thermoreflectance	<input type="checkbox"/> Photo-modulated reflectance	<input type="checkbox"/> Contact angle measurement	<input type="checkbox"/> Laser treatments	<input type="checkbox"/> Custom Optical Setup (a detailed description of the setup is required)

**Describe, for each LSF technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.**

#### MRL Fabrication Core

<input type="checkbox"/> Cleanroom: photolithography	<input type="checkbox"/> Cleanroom: wet chemistry	<input type="checkbox"/> Cleanroom: e-Beam Lithography	<input type="checkbox"/> Atomic Layer Deposition (ALD)
<input type="checkbox"/> Vacuum Deposition: e-beam evaporation	<input type="checkbox"/> Vacuum Deposition: thermal evaporation	<input type="checkbox"/> Vacuum Deposition: sputtering	<input type="checkbox"/> PECVD: Oxide/Nitride deposition
<input type="checkbox"/> Wire Bonding	<input type="checkbox"/> Diffusion/Annealing Furnaces	<input type="checkbox"/> Optical Microscopy	<input type="checkbox"/> Probe Station
<input type="checkbox"/> Glovebox	<input type="checkbox"/> Reactive Ion Etching (polymers)	<input type="checkbox"/> Reactive Ion Etching (metals)	<input type="checkbox"/> Nano 3D printer

Describe, for each Fab technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.

<b>Electron Microscopy Core</b>				
<b>SEM</b>	<input type="checkbox"/> SEM Imaging	<input type="checkbox"/> Energy Dispersive Spectroscopy	<input type="checkbox"/> Cathodoluminescence	<input type="checkbox"/> Electron Back Scatter Diffraction
<b>FIB</b>	<input type="checkbox"/> Cross-Section	<input type="checkbox"/> TEM Prep by FIB	<input type="checkbox"/> Nano-Fabrication	
<b>TEM</b>	<input type="checkbox"/> TEM Imaging	<input type="checkbox"/> TEM Diffraction	<input type="checkbox"/> STEM	<input type="checkbox"/> Aberration corrected STEM
	<input type="checkbox"/> Energy Dispersive Spectroscopy	<input type="checkbox"/> Electron Energy Loss Spectroscopy	<input type="checkbox"/> TEM Sample Preparation	

Describe, for each Electron Microscopy technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.

<b>Scanning Probe Microscopy Core</b>		
<input type="checkbox"/> Atomic Force Microscopy	<input type="checkbox"/> Scanning Tunneling Microscopy	
<input type="checkbox"/> Nano-Indentation	<input type="checkbox"/> Nano-Scratch	<input type="checkbox"/> Soft Material Nano-Indentation

Describe, for each SPM technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.

<b>Physical Properties Core</b>		
<input type="checkbox"/> Differential Scanning Calorimetry (DSC)	<input type="checkbox"/> Thermogravimetric Analysis (TGA)	<input type="checkbox"/> Dynamic Mechanical Analysis (DMA)
<input type="checkbox"/> Zeta Potential and Dynamic Light Scattering		

Describe, for each Physical Properties technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.)

and any specific instruments you would like to use and why.

### Surface Analysis Core

<input type="checkbox"/> Scanning Auger Microscopy	<input type="checkbox"/> Ultraviolet Photoelectron Spectroscopy (UPS)	<input type="checkbox"/> X-ray Photoelectron Spectroscopy (XPS)	<input type="checkbox"/> Stylus profilometry
<input type="checkbox"/> Secondary Ion Mass Spectrometry	<input type="checkbox"/> TOF-SIMS	<input type="checkbox"/> Rutherford Backscattering Spectroscopy	<input type="checkbox"/> Ion implantation

Describe, for each Surface Analysis technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.

### X-ray Diffraction Core

<input type="checkbox"/> Powder XRD (powder samples, nanocrystals)	<input type="checkbox"/> XRD for polycrystalline thin films and bulks	<input type="checkbox"/> High Resolution XRD
<input type="checkbox"/> X-ray Reflectivity	<input type="checkbox"/> X-ray Fluorescence	

Describe, for each X-ray technique requested, the type of information you would like to obtain or the fabrication to be performed. Be specific with regard to your research. List performance requirements (e.g. sensitivity, resolution, etc.) and any specific instruments you would like to use and why.

**Please check if you will be using biological samples in the MRL Facilities.**

Note: MRL is a BSL1 lab - most samples must be in fixative before bringing to MRL. Fixative can be provided. Samples that cannot be fixed MUST be discussed with [Lou Ann Miller](#) from MRL Bio Safety BEFORE filling out this form. **\*\*Prion work is not permitted in this facility.\*\***

Please check if Biological samples will be processed in the MRL for analysis.

**The following materials must be registered with the Institutional Biosafety Committee (IBC)/Division of research Safety before you may utilize the MRL Facilities:**

- Recombinant and synthetic nucleic acids (even if the work is exempt from the NIH guidelines)
- Transgenic animals or plants (use or creation)
- Any human, animal, or plant pathogen
- Any human or non-human primate material (including human or non-human primate cell lines)
- Biotoxins

**Please provide your IBC project registration number and list all the biological substances you will use at the MRL.**

(If you wish to add new substances at a later date, you will need to fill out a "Change of Scope" to this proposal.)

Even if you plan on fixing your cells or tissue, if you are using cells and tissues that are cancer cells, human cells, pathogenic or mutated cells, please list the exact cell lines and origins of the cells you will be working with, and any vector you may be applying to

the cells.

Analysis of samples which have not been cleared by MRL Staff will result in loss of facilities usage privileges!

What are the critical issues you would like to resolve with the capabilities of the MRL facilities? Roughly, how many specimens will be examined or fabricated? What is the approximate duration of the project and how often do you anticipate using the MRL facilities for this project?

### MRL Facilities Use Proposal Form - Part 3 About Your Needs

How would you rate your experience (hands-on) with same/similar materials characterization or fabrication techniques as requested:

- Novice
- Some Knowledge
- Experienced
- Extensive Experience
- Expert

Expert

Do you need instrument training? (required for self use, regardless of prior experience)  Yes  No

If yes, for which techniques? Please also include information about prior experience for the investigators to be trained.

Indicate your anticipated need for facility staff assistance while performing the proposed experiments:

- Extensive
- Some
- Little
- None

Anticipated extent of any specimen preparation in the MRL Facilities:

Read and Agree to the following Usage Agreement before submitting your proposal.

#### Usage Agreement:

This proposal process is for industrial research usage of the facilities and access to the expertise available at the Illinois Materials Research Laboratory Central Facilities at the University of Illinois at Urbana-Champaign. Once a proposal is accepted, usage of the MRL Central Facilities is limited to the scope of work described in the proposal. Work outside of this scope will require that a change of scope or new proposal be submitted and approved prior to performing this work.

Note: Usage that is proprietary or connected with a proprietary project (this includes all business or industrial work) requires the execution of a *University of Illinois Technical Testing Agreement* or *Facilities Use Agreement*, in addition to this form, and is performed on a cost-recovery basis.

Other regulations may prohibit us from accepting certain work. More information can be obtained from Dr. Tim Spila ([tspila@illinois.edu](mailto:tspila@illinois.edu)) or the MRL offices (217-333-1371).

- Agree
- Disagree

Submit Proposal