



ILLINOIS

Illinois Materials Research Laboratory

Central Facilities

Facility Use Proposal Form for Academic Research for users not affiliated with the University of Illinois

Title of Research Proposal:

Funding Source: Please specify for any item with "Other":

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

Proposal is: New Change of Scope
If Change of Scope, please list current User Number :

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.

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.)

Work to be performed by: Submitting users MRL Facility staff

Subject of Proposal (Check all that apply)

<input checked="" type="checkbox"/> Materials Science	<input type="checkbox"/> Physics	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Polymers	<input type="checkbox"/> Medical Applications	<input type="checkbox"/> Biological & Life Sciences
<input type="checkbox"/> Earth Sciences	<input type="checkbox"/> Environmental Sciences	<input type="checkbox"/> Optics
<input type="checkbox"/> Engineering	<input type="checkbox"/> Instrument / Technique Development	<input type="checkbox"/> Other

1. About Your Investigators

Select the Principal Investigator: **Students and Post-Docs:** This is your faculty advisor, please select from pull down if listed.
If you PI is not in the pull down list: Select **New Principal Investigator** and the next page (form) will be for entering your PI's information.

User: (Information on the researcher who will be performing the experiments.)

Title:

First Name:

Last Name:

Citizenship:

Employer/ Institution: Enter the name of your institution below.

Status:

Work Address:

104 S. Goodwin
Urbana, IL 61801

Work Phone: 217-244-2461

Email: tenhave@illinois.edu

FAX: (optional)

Alternate Phone: (cell / lab) (optional)

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

Next Reset Form



ILLINOIS

Frederick Seitz Materials Research Laboratory Central Facilities

Co-Investigator Information Form

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/
Department: Enter the name of your institution
below.

Status:

Work Address:

Work Phone:

Email:

FAX:

Alternate / Home
Phone:



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:

Test

Describe any preliminary research you have performed:

Test

Describe your test materials.

Test

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 checked="" 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.

Test

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.

Electron Microscopy Core				
SEM	<input type="checkbox"/> SEM Imaging	<input type="checkbox"/> Energy Dispersive Spectroscopy	<input type="checkbox"/> Cathodoluminescence	<input type="checkbox"/> Electron Back Scatter Diffraction
FIB	<input type="checkbox"/> Cross-Section	<input type="checkbox"/> TEM Prep by FIB	<input type="checkbox"/> Nano-Fabrication	
TEM	<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.

Scanning Probe Microscopy Core		
<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.

Physical Properties Core		
<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.

<input type="checkbox"/> 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.**
<input type="checkbox"/> 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?

Test

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

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.

Test

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 academic 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. A [University of Illinois Facilities Usage Agreement](#) must also be executed if any work (i.e. "hands-on") is to be performed by any user not directly affiliated with 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*, instead of this form, and is performed on a cost-recovery basis. Other regulations also may limit us from accepting certain work. These forms and more information may be obtained from a center staff member or the MRL offices.

Intent-to-publish. As a condition for performing nonproprietary research at the MRL Central Facilities, users are expected to publish any publishable results obtained from the research performed at the MRL. The following acknowledgement **must** be included in all publications that incorporate any results obtained through the MRL Central Facilities:

**... was carried out in part in the Illinois Materials Research Laboratory
Central Research Facilities, University of Illinois**

The staff of the MRL Central Facilities frequently makes a major contribution to the research of the facility users. They can have an important scientific role through the planning and realization of experiments, through the analysis and interpretation of data, or through a full collaboration in the research. When this occurs, the staff person should be included as a co-author on papers.

By submitting this proposal, all parties named as users or principal investigator agree to all terms specified in this agreement including the intent-to-publish policies and the required acknowledgement for all publications or presentations. I also attest to the non-proprietary character of the research work to be performed and that no proprietary information is to be generated as indicated by the terms of the funding grant or contract (supporting documentation to be supplied to MRL upon request). I also understand that copies of all material to be published must be supplied to the MRL prior to or at the time of submission for publication. I will also provide the MRL with reprints, when available, and the full reference following any publication or presentation. *

* Please address these materials to [MRL-Facilities](#) in the MRL administration office, 104 S. Goodwin Ave., Urbana, IL 61801.

Agree Disagree

Submit Proposal