



Kuwait University
Nanotechnology Research Facility

Stereo Microscope

Request Form
Project No. GE01/07



(Please fill all required information. The request form must be typed and not hand written)

Name of Investigator:

Institution:

Faculty/Dept.:

Contact: Office

Mobile

Email

Sample Identification:

No. of Samples:

Project No.:

Title of Project:

Name of Technician (Student):

Type of Project: Funded Pilot study Student: Bachelor Master PhD

I agree to acknowledge the General Facility Project No. GE01/07 in any publication utilizing the results obtained through the Kuwait University Nanotechnology Research Facility.

Note: Number of samples should not exceed 30 per year for a given project.

Signature of Investigator **Date**

Type of Sample:

Type of Analysis:

Note: Stereoscope works by reflected light providing continuous magnification imaging

- **Image Magnification (0.65X-50X):** Specify

- **Image Color:** Colored B&W

- **Sample Preparation:** Required Not required

Comments: *(Specify if there are any special requirements such as sample handling, health risk, etc.)*

For Lab Use Only

Name & Signature of Operator: **Date:**

Signature of Director: **Date:**