



### Personal Information

NAME

E-MAIL

PHONE

COMPANY / INSTITUTION

ADDRESS

### MicroCT access date (as per User Access Agreement)

from (dd/mm/yyyy) to (dd/mm/yyyy)

### Samples and/or chemical substances to be used in the experiment

Substances

Chemical Formula

CAS number

Physical state                      if *gas*, indicate volume                      cm<sup>3</sup> and pressure                      mbar

Size                                      mm<sup>3</sup>

Mass                                      mg

Sample Container

Supplier

The sample is:	radioactive	<input type="checkbox"/>	oxidizing	<input type="checkbox"/>	corrosive	<input type="checkbox"/>
	combustive	<input type="checkbox"/>	contaminant	<input type="checkbox"/>	cancerogenic	<input type="checkbox"/>
	mutagenic	<input type="checkbox"/>	teratogenic	<input type="checkbox"/>	a biological hazard	<input type="checkbox"/>
	inflammable	<input type="checkbox"/>	toxic	<input type="checkbox"/>	no risk	<input type="checkbox"/>
	other risks	<input type="checkbox"/>	explosive	<input type="checkbox"/>		

I will attend to the correct removal and/or to the final disposal of the sample after the experiment

Note: Sample handling should be done following the Internal Health and Safety Procedures, CyI.

**Date**

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**Signature**

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**Position of the signee**

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**Role of signee**

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