



Order form – TEM

Name: _____

Email: _____

Institute: _____

Working group: _____

Sample names: _____

Sample description (including approximate size in nm): _____

Operation Mode: ☐ Standard-TEM ☐ Staining+TEM ☐ Cryo-TEM
(choose one)

Optional addition: ☐ EDX

☐ DFG/BMFG project grant ID:

I (budget responsible person) recognized the „terms of use“ and „charges and fees“ and agree on these (<http://www.css.hhu.de/en/contact-and-service/users-and-fee-regulations.html>).

All users of the CSS must acknowledge the DFG in their publications:

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Date, signature (budget responsible person)