云南省大型科学仪器协作共用申请表

设备所在单位：曲靖师范学院磁性材料及器件研究中心

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **设备信息** | | | | | | | |
| **仪器名称** | Strain with VersaLab | | | **型号** | | TDS-150 | |
| **申请人基本信息** | | | | | | | |
| **姓名** |  | | **联系电话** | |  | | |
| **E-mail** |  | | | **专业** |  | | |
| **所属单位** |  | | | **部门** |  | | |
| **测量样品信息** | | | | | | | |
| 样品化学名称 | | 数量 | 测量条件 | | | | 使用机时 |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
| **挥发性** | 有□ 无□ | | **毒性/腐蚀性** | | 有□ 无□ | | |
| **备注** |  | | | | | | |

申请人签：

所在部门盖章

年 月 日