

## Deposition Request Form

## Personal Contact Information

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Project Reference Number: \_\_\_\_\_ Department \_\_\_\_\_

Substrate Description (substrate provided by user)

Total Number of Substrates: \_\_\_\_\_

Substrate Material	Size	Thickness	Ring Size & Thickness	Type: Dopant/Orientation/Resistivity (silicon wafer only)

## Deposition Specifications

Film Function/Application:\*\* \_\_\_\_\_

Layer	Material	Thickness (Å)	Deposition Method E-Beam/ Sputtering	
1				Layer n
2				Layer 2
3				Layer 1
4				Substrate
5				
6				

\*\* List the function of deposited film, required ( i.e. electroplating bases, sacrificial layers, etc.)

- For technical issues please contact Kungnam Kang, ([kkang2@lsu.edu](mailto:kkang2@lsu.edu), 225-578-4618)
- Available materials and maximum thickness:  
**E-Beam Evaporation** – Cr ( 200 nm), Au (50 nm), Ti (2000 nm), Al (300 nm), Cu (500 nm)  
**Sputtering** – Ti ( 3000 nm), Cu ( 1000 nm), Ni (1000 nm)
- It is the user responsibility to ensure substrates are clean
- If special requirements are necessary please attach detailed instructions
- Please allow (5) working days for processing. Pick up samples in a timely manner after processing.

Substrate should accompany this sheet and samples left on the table in cleanroom #1 near the e-beam evaporator. Send an e-mail to K. Kang regarding the sample. If you are not an authorized cleanroom user, please contact Shaloma Malveaux, [smalvea@lsu.edu](mailto:smalvea@lsu.edu), 225-578-9343 to arrange sample delivery.

## CAMD Office Use Only

Date Received:	Comments:
Anticipated Deposition Date:	
Run Number: _____ Run Date: _____ Operator Code: _____	