INSTITUT QUANTIQUE

QFL

Quantum FabLab (QFL) Access request

User's name : _____ Matricule : _____
E-mail : _____

Supervisor(s) name(s) :_____ CIP : _____
Statut : ☐ intern ☐ 1e cycle ☐ 2e cycle ☐ 3e cycle ☐ postdoc ☐ employee
Period : from_____to _____

Brief description and QFL's specific role:

_____
_____
_____
_____

Usage requirements :

	Usage frequency			QFL use	
Equipment	Occasional < 1 day/month	Frequent < 2days/week	Continuous	Training	Service
Bluefors LD250	☐	☐	☐	☐	☐
Bluefors LD250 optic	☐	☐	☐	☐	☐
Bluefors LD400	☐	☐	☐	☐	☐
Bluefors XLD400	☐	☐	☐	☐	☐
ICEoxford^{DRY}ICE^{1K}	☐	☐	☐	☐	☐
VTI Janis	☐	☐	☐	☐	☐
Prob station (LakeShore Cryotonics)	☐	☐	☐	☐	☐
PPMS	☐	☐	☐	☐	☐
Optical table	☐	☐	☐	☐	☐
other(s):	☐	☐	☐	☐	☐

Date:_____

Please send the completed form to the QFL coordinator team, adding your supervisor in cc.
Coordination-QFL@USherbrooke.ca

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