

**Annex I**

**Sample request form**

Please, send this form to: [cab.ismar@cnr.it](mailto:cab.ismar@cnr.it)

1. Requester’s identification

*First name*

*Last name*

*Organization*

*Address*

*Contact (e-mail, phone)*

1. Scientific rationale (min 600 - max 2000 characters without spaces)

*Explain why you need the sample access, including info about the scientific project (PI and co-workers involved in this request) within which the sample will be studied.*

1. List of samples to be accessed

*Write here the sample(s) you are interested in, filling the pertinent columns. You may attach a file with the list according to the scheme.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sample | Section | Sub-sample  Depth (cm) | Volume/weight  (cc/g) | Type of analysis | Destructive/non-destructive (Y/N) |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. Proposed work schedule for the access

*Write here when to access the sample(s).*

1. Laboratory workers

*List here the person(s) who will subsample.*

1. Sampling tools

*Write here what tools you need to sub-sample (spatula, knife, syringe, …) and containers (bags, boxes, aluminium foil, saran wrap, foam…) to store the sample(s) and if you plan to bring them with you. Consider that ISMAR may ask you the cost of some tool/containers.*

1. Samples conservation

*Please, report here where the sample(s) you have accessed will be stored (e.g., your institution, other institution).*

Date, ……. Requester

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