

A2D2 Work Request Form

Date:

Requestor Name:

Requestor Institution:

Requestor E-mail:

Requestor Phone:

Brief description of purpose of study and objectives:

Description of scope of work of use of A2D2 (including number of samples, type of samples, dose required, treatment conditions, sample holder, sample preparation requirements):

Sample Configuration*:

Goals for Treatment Plan*:

Email completed form to **iarc@fnal.gov**

*Please contact IARC for guidance as applicable.

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