



CAMD Gas Cylinder Request

NOTE: It is the CAMD policy that **no cylinders** shall be brought to the CAMD facility by any researcher without first going through CAMD. All cylinders will be ordered & moved by CAMD Facility Management **ONLY**.

Send all signed /completed scanned requests directly to davidkleinpeter@lsu.edu

First Name Last Name

E-mail: Telephone:

Supervisor (*if applicable*)

Department

Institution:

Budget Code:

Required Receipt Date:

(order at least one week ahead – three weeks ahead for specialty gases)

Experiment End Date:

Where Used in Facility

(example Beamline ID; Hutch Cleanroom; Ring; etc.)

Signature: _____ *(for request)*

Supervisor Signature: _____ *(for all non-faculty approval)*

For CAMD Use Only

Cylinder Serial Number

Regulator Make/Model

Date Order Placed/Initials

Date Order Received/Initials

Date Cylinder in CAMD Facility at requested location