

JOB#:	
DUE DATE:	

ANALYSIS REQUEST FORM

Date Submitted:								
Name:				Contact Person:				
Address:			Email:					
Reference#:			Phone:					
Analysis requested:								
Specific Gravity (ASTM D7	0790) Moisture Co			ntent % (ASTM D6980) DSC (ASTM D3418				
Tensile Test (ASTM D638/D1708) ZST (ASTM D			01430)	TGA (ASTM E1131)				
Compressive Test (ASTM D695)			ty PEEKS (ASTM F2778)	SE	SEM image			
Hardness Shore D (ASTM D2240) FTIR / ATR				SE	SEM/EDS Analysis			
Dimensional Stability (AMS3678)				Re	everse Engineering			
Special Instructions								
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Turnaround Time:								
Standard (2 weeks)	Accelerated			(1 week)	Rı	ush (1-3 days)	T	
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Payment Options:			Sample disposition:					
Pre-Pay:			Send sample back. Provide Acc#					
PO#:				Disposal after 30 days				
Send invoice to:								
Same as above	New							
	Customer Name:							
	Attention to:							
	Address:							
	Phone:							