



Materials Science Chain of Custody

Adv. MicroAnalytical Order No. (Lab Use Only):

ADVANCED MICROANALYTICAL
 50A NORTHWESTERN DRIVE #4
 SALEM, NH 03079
 PHONE: (603)-898-7074x1
 TOLL FREE: 1-877-605-6662x1
 FAX: (603)-898-6797

Company:		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street:		<i>Third Party Billing requires written authorization from third party</i>	
City:	State/Province:	Zip/Postal Code:	Country:
Report To (Name):		Fax #:	
Telephone #:		Email Address:	
Customer Project Name/Number:			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Purchase Order:	US State Samples Taken in:

Turnaround Time (TAT) Options – Please Check

2 Week Expedited (Please call for information) TAT:

Analysis Requested:		
Particulate Micro-Analysis (Dust/Debris) <input type="checkbox"/> Level 1 (Optical, Report) <input type="checkbox"/> Level 2 (Optical, SEM/EDS/FTIR, Report)	Combustion-By-Products Analysis: <input type="checkbox"/> Investigative Method (Optical, SEM/TEM, Report) Screening Methods <input type="checkbox"/> Level 1 (Optical) <input type="checkbox"/> Level 2 (TEM) <input type="checkbox"/> Level 3 (SEM)	Particle Size Distribution: <input type="checkbox"/> Standard <input type="checkbox"/> Nanoparticles/Nanomaterials
<input type="checkbox"/> HVAC/Ducting Corrosion/Structure Analysis	<input type="checkbox"/> Failure Analysis	<input type="checkbox"/> High Volume Air Filter Particle Analysis (Quantitative composition on PM 10/2.5 filter)
<input type="checkbox"/> Analysis of Flue/Stack/Burner Residue	<input type="checkbox"/> Fugitive Particulate Analysis (test for specific particles – Specify in Comments)	<input type="checkbox"/> Coal Ash Analysis (In Soil) <input type="checkbox"/> Include Heavy Metal/Pb Analysis
<input type="checkbox"/> Unknown Material ID	<input type="checkbox"/> General Microscopy/Petrography <input type="checkbox"/> SEM/EDS <input type="checkbox"/> Optical <input type="checkbox"/> TEM <input type="checkbox"/> XRF	<input type="checkbox"/> RO/MF/UF Membrane Analysis <input type="checkbox"/> Full Autopsy <input type="checkbox"/> Single Section

Other (Please Explain):

All orders for clients who do not have established accounts with Advanced MicroAnalytical must be accompanied by payment in form of a check or credit card. After your first order, Advanced MicroAnalytical reserves the right to establish an account and assign credit terms of Net 30 or COD based on credit evaluation and or frequency of sample submittal. To establish a permanent account, you must be able to submit samples on a regular basis at a minimum of five times per year. Advanced MicroAnalytical reserves the right to make adjustments or changes to this policy as deemed necessary by business requirements.

Sampler's Name:	Sampler's Signature:
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Sample #	Sample Description	Volume	Date/Time Sampled

Client Sample # (s):	-	Total # of Samples:
Relinquished (Client):	Date:	Time:
Received (Lab):	Date:	Time:

Comments:

