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SEM Request Form

Company Name: _____ Date: _____ P.O./AUTH # _____

Address: _____ City: _____ State: _____ Zip: _____

Phone# _____ Fax # _____ e-mail address: _____

Requester Name: _____ Quantity of Samples: _____

Credit Card Payments: To pay invoices by credit card, please call 877-560-3943 and ask for Accounts Receivable.

S.E.M. Analysis Request:	<input type="checkbox"/> Imaging	<input type="checkbox"/> EDS Analysis	<input type="checkbox"/> Other (See Below)
	<input type="checkbox"/> Cross-Sectioning	<input type="checkbox"/> Specimen Preparation	
	<input type="checkbox"/> Dot Mapping	<input type="checkbox"/> Line Mapping	
Details:			
Description of submitted sample(s):			
Other pertinent information / General Sketch (note areas of interest):			
Report required:	<input type="checkbox"/> Data/Photos/Charts only	<input type="checkbox"/> Full Analysis / Summary Report	Due Date _____

** NSL Analytical Services, Inc reserves the right to choose methodology and/or subcontract work when needed. **