



NSL Metallurgical Testing
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Sample Submission Form

Today's Date: _____

Company Name:	
Address:	
City / State / Zip:	
Phone:	Fax:
EMail:	
Contact Name:	
PO Number*:	Quote Number:
Credit Card #	Expires: Signature:
Quantity of Samples:	Date results needed by:
Sample Description / Material Type:	
Required Testing	
<input type="checkbox"/> Tensile Test <input type="checkbox"/> CHARPY: Temp _____ ° <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> Full Size (Fasteners) <input type="checkbox"/> Hardness: <input type="checkbox"/> HBW <input type="checkbox"/> HRC <input type="checkbox"/> Stress Rupture <input type="checkbox"/> Heat Treat	<input type="checkbox"/> Metallurgical (Describe Below) <input type="checkbox"/> Full Chemistry <input type="checkbox"/> SEM / EDS Analysis <input type="checkbox"/> Failure Analysis <input type="checkbox"/> IGA: <input type="checkbox"/> W/HT <input type="checkbox"/> Other:
Specification(s) / other pertinent information / General Sketch: <input type="checkbox"/> See Attachments	
Report Required:	
<input type="checkbox"/> Data /Photos/Charts only <input type="checkbox"/> Full Analysis/Summary Report	
Quality System: <input type="checkbox"/> Boeing <input type="checkbox"/> PWA F-23 <input type="checkbox"/> G.E. S400 <input type="checkbox"/> Nuclear 10 CFR 50 Appendix B	
<input type="checkbox"/> NADCAP <input type="checkbox"/> ISO 17025 <input type="checkbox"/> Other _____ <input type="checkbox"/> None specific	
Full Analysis Received by: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Report Statement Requested	
Return Samples: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FedEx / UPS Acct #	

*Please include this form and a complete Purchase Order with your test sample(s).