



Laboratory Submittal Form

Company: _____ Phone No: _____

Billing Address: _____

Shipping Address (if different from billing): _____

A/P Contact: _____ E-mail / Phone: _____

P.O. No: _____ Payment Method: Credit Card Check ACH

Payment Terms & Conditions: CMS accepts the following forms of payments: Cash, Check, Money Order, Cashier's Check, ACH/EFT, VISA, Mastercard and American Express.

New Customer or Company: Payment in advance is required before work begins. Acceptable payment methods include Cash or Credit Card. Customer: Net 30 terms is available after initial job completion, for qualifying work during a six-month period totaling \$2,500 or higher. Company: Net 30 terms is available after initial job completion, for qualifying work totaling \$5,000 or higher.

CMS observes the right to request payment in full upfront and/or decline new testing requests if there is a history of past due/negligent payments. Outstanding invoices of more than 90 days will result in being sent to collections.

INCLUDE ALL INFORMATION NEEDED ON FINAL TEST REPORT:

Material/Condition: _____ Specification(s): _____

Part No: _____ Sample No. _____ Lot FCE Job No: _____

Size(s): _____ Heat Coil No: _____

Reference Info: _____ Other: _____

ATTN: _____ Email: _____

Services Requested (Fill-in or check all that apply)

MECHANICAL TESTING:

Tensile: Machined Full Size Longitudinal Transverse Proof Load Wedge

Hardness: Rockwell Brinell LEEB **Microhardness:** Microhardness Knoop **Macro Hardness:** Vickers

Charpy V-Notch (CVNs): Temp. (req.) _____ °F °C Min Energy _____ ft. lb. J. Long / Trans

Other: Bend Test Compression Shear Flare Test Flattening

CHEMISTRY/CORROSION TESTING:

Chemical Composition/Analysis: OES XRF EDS **Combustion:** C S O N H

Corrosion: Method: _____ **Salt Spray (ASTM B117):** _____ Hours Photos: Yes No

METALLOGRAPHY/NDE/OTHER:

Microstructure Macro Etch Case Depth Coating Thickness SEM H Embrittlement FTIR

X-Ray Ultrasonic Testing (UT) Magnetic Particle (MT) Dye/Liquid Penetrant (PT)

Failure Analysis (Consultation Required)

COMMENTS/SPECIAL INSTRUCTIONS:

Requested Completion Date: _____

Rush Service: **Excludes Failure Analysis**		<input type="checkbox"/> 48 hr. (100% surcharge)	<input type="checkbox"/> 72 hr. (50% surcharge)
Sample Return:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Ship UPS/FedEx #: _____	
	<input type="checkbox"/> Yes - Pickup		
** For Sample Returns, please include a return label or UPS / FedEx shipping account number and preferred shipping method. **			
Note: Unreturned samples will be held on site for no longer than 90 days after completion of testing before being disposed of.			

Submitted By: _____ Date: _____