

Analytical Services Program



Sample Identification: _____

Date: _____

Primary Contact: _____

Phone Number: () _____

Fax: () _____

E-Mail: _____

Send Results to: _____

Results will be mailed to you. Alternate methods of delivery are available. If you would like us to phone, fax or e-mail the results, please indicate.

Phone Fax E-Mail

Bill to: _____

Send properly marked and identified sample(s), PO, MSDS, and a completed copy of this form to:

NanoScale Corporation
ATTN: Analytical Services Program
1310 Research Park Dr.
Manhattan, KS 66502

(888) 537-0179 Phone/ (785) 537-0226 Fax

Please provide enough sample for each analysis (2 grams/analysis). NanoScale can accommodate smaller sample sizes, but please call ahead to discuss arrangements and sample handling.

Terms: Net 30 after receipt of results.

Check if sample is a *Hazard* and can't be disposed of in regular landfill. All non-hazardous samples will be disposed after analysis unless other arrangements have been made. Hazardous materials will be returned at the requesters expense. Specific hazards:

Air Sensitive

Explosive

Hydroscopic

Volatile

Highly Toxic

Other _____

Compound/material: _____

Chemical structure:
(If known)

Comments:

Test(s) to be performed and quantity:

Customer Support

At NanoScale, we strive to achieve the highest levels of Customer satisfaction, innovation, and quality assurance possible. If you would like to speak with a NanoScale Customer Support Representative about how we might help your organization, please call (888) 537-0179 or visit us on the web at www.NanoScaleCorp.com.

For NanoScale Use Only

SO Number

ASQCID

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