



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:

Cross Sectional Analysis: (Please indicate instructions in comments below) <input type="checkbox"/> Level 1 Std XS/Optical <input type="checkbox"/> Level 2 Precision XS/Optical <input type="checkbox"/> Level 3 Std XS/SEM <input type="checkbox"/> Level 4 Precision XS/SEM	Failure Analysis: <input type="checkbox"/> PCB (Board Level) <input type="checkbox"/> Package/Component <input type="checkbox"/> Die <input type="checkbox"/> Unknown	X-Ray Inspection <input type="checkbox"/> Planar X-Ray <input type="checkbox"/> High Resolution 3D micro-CT
<input type="checkbox"/> Standardized DPA Analysis Method Source/Number _____	Decapsulation: <input type="checkbox"/> Optical Inspection <input type="checkbox"/> SEM Inspection	Focused Ion Beam Analysis (FIB) <input type="checkbox"/> Sectional <input type="checkbox"/> Circuit Edit
Residue/Contamination Analysis: <input type="checkbox"/> Surface <input type="checkbox"/> Interlayer/Component Internal	X-Ray Fluorescence Analysis: <input type="checkbox"/> General Component- Area <input type="checkbox"/> Plating Thickness: indicate material layers (Base Up) below	Surface Analysis: <input type="checkbox"/> Structural (Roughness/Profile) <input type="checkbox"/> Composition: (Chemistry/Valence, mono-layers)
<input type="checkbox"/> Die & Pry Destructive Inspection Indicate component location below	<input type="checkbox"/> Visual Inspection Indicate Method and Source below	<input type="checkbox"/> Comparative Analysis: Comp. of materials layout, requires comp. exemplar
<input type="checkbox"/> CSAM (Acoustic) Inspection: Requires water immersion	General Microscopy: <input type="checkbox"/> Optical <input type="checkbox"/> SEM <input type="checkbox"/> TEM <input type="checkbox"/> Micro-FTIR <input type="checkbox"/> Micro-Raman <input type="checkbox"/> XPS <input type="checkbox"/> EBSD <input type="checkbox"/> Other	

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.

Contact Name:	Contact Signature:
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Sample #	Sample Description	# of Units	Date/Lot#

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



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Description	# of Units	Date/Lot#

***Comments/Special Instructions:**