

LABORATORY TEST REQUEST

<p>SHIP TO: ATTN: IMR TEST LABS 131 WOODSEGE DRIVE LANSING, NY 14882</p> <p>PHONE: 1- 607-533-7000 FAX: 1- 607-533-9210 EMAIL: SALES@IMRTEST.COM WEB: WWW.IMRTEST.COM</p>	<p>SHIPPED FROM:</p> <p>PHONE: FAX: EMAIL:</p>
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RUSH, PREMIUM APPROVED?: YES / NO QUOTE BEFORE PROCEEDING?: YES / NO

Date needed by: _____	P.O.#: _____
Quantity Sent: _____	Quantity to Test: _____
Please include any information you would like on your final report	
Specification: _____	Heat/Lot #: _____
Material: _____	Description: _____
P/N: _____	Other: _____

BE SURE TO INCLUDE AN MSDS WITH YOUR ORDER FOR ANY POTENTIALLY HAZARDOUS MATERIAL(S)

TESTING REQUIRED:

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|--|---|--|
| <input type="checkbox"/> Weld Qualification | <input type="checkbox"/> Chemistry (mat'l: _____) | <input type="checkbox"/> Salt Spray - hours: _____ |
| <input type="checkbox"/> Welder Performance | <input type="checkbox"/> RoHS/CPSIA Testing | <input type="checkbox"/> Cyclic Corrosion - hours: _____ |
| <input type="checkbox"/> Hardness - scale: _____ | <input type="checkbox"/> Microtrac Particle Size Analysis | <input type="checkbox"/> QUV Exposure- hours: _____ |
| <input type="checkbox"/> Tensile | <input type="checkbox"/> Grain Size | <input type="checkbox"/> FTIR Analysis (material ID) |
| <input type="checkbox"/> Bond Strength/Adhesion | <input type="checkbox"/> Plating Thickness | <input type="checkbox"/> Unknown Plastics ID |
| <input type="checkbox"/> Charpy Impact Testing | <input type="checkbox"/> Microstructure | <input type="checkbox"/> DSC Analysis |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Intergranular Attack (IGA) | <input type="checkbox"/> TGA Analysis |
| <input type="checkbox"/> Contamination Analysis | <input type="checkbox"/> Case Depth (total/effective) | <input type="checkbox"/> EDS Analysis (filler) |
| <input type="checkbox"/> Failure Analysis | <input type="checkbox"/> SEM Analysis | <input type="checkbox"/> Other (describe below) |

IF FAILURE OR DEFECT ANALYSIS:

Did part fail in field, test assembly? _____	At what point did it fail? _____
What is the typical life of the part? _____	What % of parts failed or are defective? _____
Have there been other failures? _____ # _____	Are good parts available? _____ Will send? _____
Is this a new part or design? _____	Can you send prints/specs etc.? _____

NOTES/SPECIAL INSTRUCTIONS: (INCLUDING SPECIAL SHIPPING)

REPORT FORMAT: (CHECK ONE)

<input type="checkbox"/> Fax and Mail Hard Copy Fax #:	<input type="checkbox"/> E-Mail Only E-Mail Address:	<input type="checkbox"/> E-Mail and Mail Hard Copy E-Mail Address:
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SAMPLE DISPOSITION: (CHECK ONE)

<input type="checkbox"/> Return Samples Collect UPS / Fedex #	<input type="checkbox"/> Return samples include cost on final invoice	<input type="checkbox"/> Store and scrap samples after 6 months
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TERMS ARE NET 30 UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE.

TERMS AND CONDITIONS

1. All procedures will be performed in accordance with the IMR Test Labs' Quality Assurance Manual, current revision, and the PWA-MCL Manual F-23. IMR maintains a quality system in compliance with ISO/IEC 17025. IMR Test Labs is a GEAE S-400 approved lab (Supplier Code T3983).
2. Unless otherwise agreed to, IMR will provide a written Test Report upon completion of testing for the Customers' exclusive use only. The Customer shall be deemed to have accepted the Report without qualification, unless within 30 days from the date of the Report, the Customer notifies IMR in writing of the specific details of any errors, omissions, or defects contained therein. IMR Test Labs will perform all testing in good faith using the proper procedures, trained personnel, and equipment to accomplish the testing required. IMR's liability to the customer or any third party is limited to the amount charged for the services provided.
3. Any copying or distribution of the Report, or any use of IMR's name or trademarks, is not permitted without the prior written consent of IMR. Customers who anticipate using an IMR Report in any legal or quasi-legal proceeding shall so notify IMR at the time the sample is submitted.
4. Return shipping costs are not included. If the Customer desires return shipping of its sample(s), the cost will be billed to the Customer. Unless otherwise requested in writing by the Customer, all samples may be discarded at any time after 60 days from the date of IMR's final report.
5. The Customer may terminate any order or agreement for testing services. In such case, the Customer shall pay a cancellation fee in an amount reasonable determined by IMR in its sole discretion. The cancellation fee shall represent IMR's direct and indirect costs incurred up to the date of termination.
6. Payment in full is due within 30 days of the invoice date. If not paid when due, IMR reserves the right to add 1.5% per month of the amount past due, or any part thereof. The Customer will be charged a \$50 fee in addition to any bank charges for each check returned unpaid. The Customer agrees to pay all costs of collection whatsoever, including reasonable attorney's fees and court costs.
7. Customer assumes liability as principal for payment of any invoice rendered in connection with the services performed for or on behalf of the Customer.
8. Failure to enforce any term or condition herein shall not constitute a waiver or any term of condition hereof.
9. IMR and the Customer agree that any disputes arising out of this agreement or the services or testing provided by IMR will be governed pursuant to the laws of the State of New York. The parties specifically waive any objection to, and hereby consent to, jurisdiction and venue in the courts of Tompkins County, New York.