



**GELLER  
MICROANALYTICAL  
LABORATORY**

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Certified to ISO-9001:2000, Accredited to ISO-17025

## ANALYTICAL SERVICE REQUEST FORM

Company name: _____
Client name: _____
Address: _____
Dept./Mail Stop: _____
City/State/ZIP _____
Phone: _____ Fax: _____
Cell, pager): _____
e-mail: _____

*For Geller MicroAnalytical use:*

Date: \_\_\_\_\_

Job no. (if known): \_\_\_\_\_

Estimated cost of work (if known): \_\_\_\_\_

Purchase order number: \_\_\_\_\_

New customer? \_\_\_\_\_

### Work Requested

**Total # of Samples:** \_\_\_\_\_ **Details or photos attached?** \_\_\_\_\_

**Technique(s):**  Auger  Electron Probe  SEM/X-ray  Microhardness  Surface roughness  
 Mounting/polishing  Other? \_\_\_\_\_

**Description of Analysis Requested:**

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**Purpose of work:**

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Similar to other work (description and previous PO# or date) \_\_\_\_\_

Please call to discuss analysis \_\_\_\_\_

Samples shipped by (FedEx, UPS, DHL, etc.) \_\_\_\_\_ to arrive (date) \_\_\_\_\_

Return samples immediately after analysis  Hold for # days then return  Hold for # days then discard

Other sample handling requirements \_\_\_\_\_

### Reporting Information

Report desired.  Just the data?  Full report?  Other? \_\_\_\_\_

Report required via:  Mail  Overnight  Fax data  email data (provide address above)

Results needed by: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES**