



Barnett Technical Services Sample Submission Form

Date: _____

Client Information

Organization: _____

Contact person: _____

Mailing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____

Email: _____

Billing Information

PO# _____ or ☐ Credit Card Payment

Organization: _____

Mailing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Accounts Payable Phone: _____

Accounts Payable/Invoicing Email: _____

Description of Samples

Number of Samples: _____ Samples to be returned (at client expense)? _____

Description of Samples (please include, where relevant, photos and other technical data that will assist in the analysis)

Purpose of Work (i.e., what questions are you hoping to answer?)

Required Turnaround Time (subject to availability):

Standard _____

Urgent (100% surcharge) _____

Next Samples Run (200% surcharge) _____

Preferred Technique(s):

____ Micro-Raman Spectroscopy	____ Thermal Analysis (thermal conductivity/specific heat)
____ Birefringence (defects in transparent optics)	____ Surface Stress in Glass
____ Cathodoluminescence	____ Micro-sampling (micromanipulator)

Please submit this form by email to info@barnett-technical.com. If you'd like to discuss your measurement needs, please call us at 916-897-2441