

SAMPLE SUBMISSION FORM

Please include a copy of this form with samples or send a digital version to enquiries@glass-ts.com

Glass Technology Services contact/department (leave blank if unknown)

Company¹

Contact
name¹

Telephone
number

Email²

Address

Quote
reference

Purchase
order no.

Expected sample arrival date
(if not enclosing with samples)

Today's date

Turnaround time³

Standard

5 day

3 day

Signed

Safe handling⁴: Please indicate which safety document you have provided or if material is non-hazardous please select "N/A":

MSDS/SDS

MSDQ

Other

N/A

Storage conditions⁵:

Ambient

Refrigerated

Frozen

Other

(Please specify):

**Supporting documentation
required:**

N/A

Product specification

Other

(Please specify):

**Permission for destructive
testing?:**

Yes

No

N/A

| Material name: | Client sample reference(s) | Analysis requirements (tests/ methods/desired outcomes) ⁶ | Statement of conformity required?? (Y/N) |
|----------------|----------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you need additional space, please use the table on the following page

Any other relevant information (specification limits/expected levels etc.)

Please tick if you require any remaining sample(s) to be returned after analysis⁸

