

Chain of Custody

Failure to complete all section of this form may delay analysis. Please fill in this form LEGIBLY.

CLIENT CONTACT AND REPORTING INFORMATION							
Company Name:				Address:			
Department:				Company Name & Address state in report: <i>(if other than contact information)</i>			
Contact Person:							
E-mail				Customer Reference No.:			
Phone:		Fax:					
Date of Request: <i>(for client)</i>				Specification: <input type="checkbox"/> WD <input type="checkbox"/> Seagate <input type="checkbox"/> *ISO/IEC 17025 <input type="checkbox"/> Others _____			
Date of Received: <i>(for lab)</i>				Spec. Ref. & Rev.No.:			
ALS NO.	S/N	SAMPLE DESCRIPTION <small>(Part description, Part no., etc.)</small>	MODEL	SURFACE AREA	REMARKS	TYPE OF TEST	
						<input type="checkbox"/> NVR only	
						<input type="checkbox"/> FTIR only	
						<input type="checkbox"/> NVR & FTIR	
						<input type="checkbox"/> IC : <input type="checkbox"/> IC (Anion + NH4) <input type="checkbox"/> IC (Anion) <input type="checkbox"/> IC (Cation)	
						<input type="checkbox"/> Outgassing Test by DHS-GCMS	
						<input type="checkbox"/> GCMS : <input type="checkbox"/> Organic Residues (WD) <input type="checkbox"/> 4X Rinse (Seagate) <input type="checkbox"/> Hydro Oil (Seagate)	
						<input type="checkbox"/> CVR by GCMS (WD)	
						<input type="checkbox"/> LPC _____data point, Particle size: <input type="checkbox"/> 0.3 micron <input type="checkbox"/> 0.5 micron <input type="checkbox"/> 0.6 micron <input type="checkbox"/> _____ micron	
						<input type="checkbox"/> MESA (NCST) (WD)	
						<input type="checkbox"/> SEM/EDX : <input type="checkbox"/> HPA Tape Test <input type="checkbox"/> HPA Filtration <input type="checkbox"/> Swab <input type="checkbox"/> Talc <input type="checkbox"/> Contaminate	
						<input type="checkbox"/> Copper Wire (Seagate)	
						<input type="checkbox"/> Corrosion by Humidity Chamber, Test Condition: _____	
						<input type="checkbox"/> Others _____	
Sample Disposal: <input type="checkbox"/> Discard by lab <input type="checkbox"/> Return all to client Special Requisition: _____ *Uncertainty: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Turn Around Requestment: <input type="checkbox"/> Standard TAT: _____days, standard TAT may by longer some testes i.e. _____ <input type="checkbox"/> Urgent: _____days <input type="checkbox"/> Express: (3days) _____ <i>(express fee will apply)</i>							
FOR LABORATORY USE ONLY: <i>(Circle)</i>				ADDITIONAL INFORMATION <i>(After logged-in sample)</i>			
Custody seal intact?		Yes	No	N/A	Relinquished by: <i>(Signature)</i>	Received by: <i>(Signature)</i>	Date:
Number of sample received?		Yes	No	N/A			
Operator / Work load?		Yes	No	N/A	Relinquished by: <i>(Signature)</i>	Received by: <i>(Signature)</i>	Date:
Instrument / Test method?		Yes	No	N/A			
Reviewer by _____				Date: _____			