

# SAMPLE SUBMISSION FORM For MSU RESEARCHERS

Please submit this form for sample analysis at the  
Composite Materials and Structures Center, MSU.  
Work can not begin until form is accepted.

Date	<input type="text"/>	MSU Account #	<input type="text"/>
Full Name	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>
Professor/Advisor	<input type="text"/>	Dept.	<input type="text"/>

**Professor/Advisor Signature** \_\_\_\_\_  
Your signature authorizes CMSC to conduct the requested analysis and charge your account for services rendered.

**Requested Analysis**

Are there occupational or toxilological hazards of the materials to be tested? Yes  No   
If yes, please submit the compound's MSDS.

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For CMSC OFFICE Use

Instrument Used:  Instrument Hours  Labor Hours

Labor Performed By