

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 MSU Account #

Full Name

Email Telephone

Professor/Advisor Dept.

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 toxilogical 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