



General Test Request Form

Company: _____ NTS Quotation Number: _____
 Address: _____ Purchase Order: _____ Date: _____
 City: _____ State: _____ Postal Code: _____ PO Authorized Signature: _____
 Country: _____ Cage Code / MFR# _____

Contact: _____ Phone: _____ Email: _____

Premium Turnaround Time *Note: All premium turnaround times are dependent upon availability. [Add the Premium Charge to the Purchase Order if Checked]*

5 Day Turnaround (50%)

3 Day Turnaround (100%)

Next Day Turnaround (200%)*

* Not available on samples that require thermal stress.

ITAR Requirement: Yes No

Drawing Number: _____ Revision: _____ Date Code: _____
 Part Number: _____ Revision: _____
 Lot Number(s): _____
 Serial Number(s): _____
 Additional Part Information: _____

Testing To Be Performed

Please indicate the specification(s) the samples will be tested to: (defaulted to latest revision/amendment unless otherwise specified)

| <u>Test Description</u> | <u>Specification</u> | <u>Revision</u> | <u>Method / Section</u> | <u>Quantity</u> |
|-------------------------|----------------------|-----------------|-------------------------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Additional Instructions / Information:

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Final Test Report:

All final test reports are uploaded to [NTS LabInsight](#) for secure customer retrieval. A hard-copy version may be requested at an additional fee.

*** FORM MUST BE SUBMITTED WITH SAMPLES ALONG WITH A HARD COPY OF THE PURCHASE ORDER***