

IN-HOUSE SAMPLE PROCESSING FORM

Date: _____

Contact Information (Please provide return ship to address)

Name: _____ Company: _____

Phone: _____ E-Mail: _____

Address: _____

Return Shipping Information

- FedEx Standard Overnight: Account Number: _____
- UPS Red: Account Number: _____
- Other: _____ Account Number: _____

Product/Material Information

Description: _____

Quantity: _____ Material: _____ Application: _____

Comments: _____

Process Information (To be completed by Plasma Etch processing technician if parameters are unknown)

Details	Test 1	Test 2	Test 3	Notes
Temperature				
Time				
Power (watts)				
Gas 1 (cc/min)				
Gas 2 (cc/min)				
Contact Angle				

Additional Notes: _____