Request Form

***(Please attach detailed protocol with this request form)***

## **CLIENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  |  | **University of Minnesota- School of Dentistry** |
| **Contact** |  |  **Minnesota Dental Research Center for**  **Biomaterials and Biomechanics** |
| **Phone #** |  |
| **Email Address** |  | **Main Office: 612-625-0950** |
|  |
| **Test Requested:** | **Machine / Equipment to be used:** |
| **Mechanical: (2 or 3 body wear, compression…)** |  □ ART ( I, II or IV ) Please indicate:Choose an item.□ Acoustic emission □ Contact Angle Meter□ DIC□ Infrared Camera□ Ion Selective Electrodes□ Lava Scanner□ Micro CT□ Micro Hardness TesterChoose an item.□ MTS: (810 or 858 Bionix II) Please indicate: □ Optical Microscope□ Plasma Cleaner□ Potentiostat□ Profiler□ SEM & Chemical Analysis (EDS) □ Others (specify) |
| **Physical/ Chemical: (Contact angle, EDS…)** |
| **Imaging: (Micro CT, Optical, SEM…)** |
| **Simulation: (FE …)** |
|  |
| **Date Sample sent:** | **Reference #:** | **Sent by:** |
| **Number and Type of samples:** |  |
| **Comments:** **Special requests:** **Any other information:**  |  |
|  |
| **Received by:** | Initials | **Date** | Desired Completion Date |
|  |  |  |  |