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 Tester  Choose 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 | |
|  | |  |  | | |  | |