



AUTOMATED SAMPLE INFORMATION FORM

(Please use one sheet for each sample/ specification)

FILL UP BY ALS ONLY

Date Received:	
ALS Reference No.	

CUSTOMER CONTACT INFORMATION

Contact Person:*	Mr.Good
Contact Number:*	+66-2-700-9665
Contact Email:*	testcompany@good.com
Company:*	Test company Co., Ltd
Address:*	34/13, XXX Road, XXX, Singapore
Company Name on Report:	Good service company Co., Ltd
Emails for Reports:*	goodservice@good.com
Invoice to:	account-finance@good.com
Customer Ref no:	Quotation#APQ2207011 / PO#12345
Air Way Bill no:	DHL#12345

INFORMATION TO APPEAR ON REPORT

Sample Description (as you would like it to appear on the report, up to 7 lines)

Desc 1 *	Screw
Desc 2	Date code : 2204
Desc 3	Lot#XXX-01
Desc 4	Surface area XXX cm ²
Desc 5	
Desc 6	
Desc 7	

ANALYSIS REQUIRED

Specification:**	SEAGATE	
Spec. Document No.:	Doc# ABCDEGFG Rev.02	
Turn Around Requestment:(Express charge , Normal charge)**		Normal
Types of Test	No. of Reports	Remarks
IC Anion		
IC Cation		
IC Anion + Cation		
IC Anion + NH4	3	
NVR & FTIR		
FTIR	1	
LPC	1	LPC 3 data
DHS	1	
GCMS	1	
HPA Swab		
HPA Filtration		
Talc		
Filler		
Ghost	2	
Corrosion	1	
Copper Wire		
Filler		
Ext Tin (Sn)		
OTHERS		
OTHERS		
Sample Disposition: ("Return": Client pays for logistic cost):**		Discard

Remark: * Must fill in the information ** Must select the information

FOR ALS USE ONLY

Additional Information (after logged-in sample):			
Date	Client	Detail	Review Requisition
			<input type="checkbox"/> relinquished <input type="checkbox"/> received

Review By: _____ Date: _____