



Hawk Integrated Plastics, LLC
 Windham Mills Technology Center
 322 Main Street
 Willimantic, CT 06226
 Phone: (860) 450-1993, FAX: (860) 450-1962

For Hawk Use Only:
 Work Order #: _____
 Date Completed: _____

THERMAL CHARACTERIZATION REQUEST FORM

Technical
Contact

Name: _____ Date of Submittal: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ FAX: () _____ E-Mail: _____
(or attach business card)

Billing
Contact

Name: _____ Purchase Order #: _____
 Phone: () _____ Same Address? ___ Yes ___ No
 Billing Address (if different): _____

Sample
Information

*(Attach
additional
pages, if
necessary)*

Identification/Label: _____
 Material Type: _____
 Number of Samples: _____
 Sample Form: Solid Liquid Paste
 Sensitivities/Hazards: _____
 Additional Information/Precautions: _____

Desired
Test(s)

*(Please
call if you
have any
questions)*

DSC Modulated DSC TGA Hi-Res TGA DMA
 Reason for Testing: _____
 Ramp Profile (Example: 20 to 200°C @ 10°C/min): _____
 Cool/Reheat (Y/N): _____ Discard Unused Sample (Y/N): _____
 DMA Test Mode: _____ DMA Strain/Frequency (if known): _____
 DMA Fixture Preference (if any): _____
 Purge Gas: Air Nitrogen Other (specify): _____
 Special Instructions: _____

Delivery of
Data

REQUESTED COMPLETION DATE: _____
 Desired Data Format(s):
 FAX _____ Electronic (e-mail address): _____
 Phone _____ Other (specify): _____
 Hard-copy (mail)
 Additional Instructions: _____

We look forward to meeting your testing needs!