

IC Failure Analysis Laboratory Service Request Form



Section I User Information and Request Details

Requested by (Name): _____

Company / Affiliation: _____

Address: _____

Telephone No:	Email:
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Request Details & Sample(s) (Please specify the test parameters, pin assignment, sample state, name, number, size, etc):

Customer Reference:

Result Format/ Outcome: Treated Samples Test Result / Data Test Report HOKLAS Report (Hardcopy ONLY)

Result Collected via Customer Email Mail

Handled by: ICFAL Staff Customer (Note 1) (For Authorized user only)

Type of Service: Normal Service Express Service (150% Surcharge) (Note 2)

Request Return of Sample: (Note 3) Yes (Customer shall incur all delivery costs.) No (Note 4)

Confirmation Signature (Note 5)

User Signature / Company Chop
Date: _____

ICFAL Authorized Signature
Date: _____

Section II Job Completion

Customer Signature for Job completion and samples return

User Signature / Company Chop
Date: _____

ICFAL Authorized Signature
Date: _____

Section III For Internal use only

Quotation No.	Job No.
Confirmed Date of Service:	Responsible Staff:
Reference Job No. (If Applicable)	Corresponding Staff:
Sample Information	In Out

Note1 Customer is responsible to erase any confidential data immediately after use. HKSTP will not bear the responsibility on confidentiality and security for the job handled by customer.

Note2 Normal Service - Results release within 5 working days from commenced date of analysis;

Express Service - Results release within 48hrs from commenced date of analysis

Note3 Liquid Sample must be returned to customer.

Note4 The remaining sample(s) will be destroyed and disposed after 30 calendar days.

Note5 Once the form is signed, Customer is agreed to follow **The Service Terms and Conditions of Technology Support Centre** listed on <http://www.hkstp.org>

* CANCELLATION CHARGE - Cancellation of reserved equipment must be made 1-WORKING DAY BEFORE scheduled start time OR Customer will be responsible for the rental fee for the equipment concerned.