

Request for Materials Laboratory Examination

Office of Research and Engineering, Materials Laboratory Division (RE-30)

Please complete all fields, if possible. Fields marked with an asterisk (*) are required. To submit electronically, use the **Submit to Lab** button below. Please place a printed copy of the completed form within the shipment. Refer to the Shipping and Handling Instructions attachment for more information. Contact Mike Budinski, Chief, Materials Laboratory Division, at with any questions.

A. Accident/Incident Information (click to attach the investigation preliminary report, if available)		
Location		Request Submitted By
Date		Office and Division
Vehicle/Aircraft		Telephone
Accident No.	Keys No.	Date of Request
B. Component(s) Submitted (please include the manufacturer and model, if known)		
Evidence No.	Shipment Contains* Biol	nazard 🗌 Yes 🗌 No 🛛 Hazardous Materials 🗌 Yes 🗌 No
C. Service History of Component(s)		
D. Explanation of Work Requested		
Group Exam 🗌 Yes 🗌 No	Report Type Requested 🛛 Fu	Il Factual 🗌 Short Factual (1 page, 2 photos) 🗌 Brief (1–2 paragraphs)
E. Return Component(s) To		
Name		Affiliation
Title		Address
Telephone		