Optical Property Measurements - Order Form

Date Submitted

Company Name

Primary Contact Name Alternate Contact Name

Shipping Address

City State Zip Code Country

Phone Fax E-mail Address

Billing Address (if different)

Purchase Order Number Invoice E-mail Address

A PURCHASE ORDER OR CREDIT CARD MUST BE ON FILE AT THE START OF EACH TEST

Number of Specimens: **Number of Control Specimens**:

Specimen Sizes:

Specimen Description:

Specimen Codes (attach sheet if necessary):

☐ ***Optical Properties***

☐ **Transmittance:** ☐ UV ☐ Visible ☐ NIR ☐ Solar

☐ **Reflectance:** ☐ UV ☐ Visible ☐ NIR ☐ Solar

☐ **Total Emittance**

☐ **SRI Calculation**

☐ **Haze** ☐ **Clarity**

☐ **Shading Coefficient**

☐ **Return Shipping Carrier:** ☐ UPS ☐ Fed Ex ☐ Yellow Freight ☐ Other

☐ Ship to: **DSET Laboratories**
Attention: Erika Wunderlich
45601 N. 47th Ave.
Phoenix, AZ 85087-7042
Phone: (623) 465-7356