



## Scientific Services – Product and Material Evaluation

### Personal Information

Miss  Mrs.  Ms.  Mr.  Dr.

First Name: \_\_\_\_\_

Province/State: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Organization: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Web Site: (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization Type (see Client Categories on the CCI Web site): \_\_\_\_\_

### Request Information

**Describe the material** (include the manufacturer, all product names, patent numbers, Material Safety Data Sheet (MSDS), supplier, etc.):

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**Specific questions about the material:** \_\_\_\_\_

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**Intended use of the material:** \_\_\_\_\_

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**Additional comments:** \_\_\_\_\_

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**Purpose of Request** – Describe the anticipated benefits and uses of the results of this evaluation: \_\_\_\_\_

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**Key Request Dates** – Requested completion date: \_\_\_\_\_

You may attach supporting documents or images