

 208 Joseph-Carrier, Vaudreuil-Dorion, QC J7V 5V5	Document No.: <b>NMY-0003</b>	Revision: <b>1.0</b>	Date of Issue: 2016/12/02
	Prepared/Revised By: Lionel Wolniewicz		Approved by: Ievgeniia Morozova
Document Title: <b>CT IMAGING APPLICATION EVALUATION FORM</b>			Page: <b>1...of...1</b>

Name		Company Address	
Title			
Phone		Email	

Nexus Quote		Customer PO	
Application type	<input type="checkbox"/> NDT/Engineering <input type="checkbox"/> Geoscience <input type="checkbox"/> Material Science <input type="checkbox"/> Life Science		
Application Description & Research Objective			

Specimen description			
NDA required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ITAR required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen	1	2	3
Id			
SN or Ref			
Material			
Dimensions			
Max. thickness			
Quantity			
Picture included	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Imaging			
Interested into	<input type="checkbox"/> 2D Imaging <input type="checkbox"/> 3D Imaging		<input type="checkbox"/> 3D Imaging + analysis
Region of interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any, please specify			
Resolution			
Nature of the experiment (ex. porosity study)			

Results			
Format	<input type="checkbox"/> Image stacks <input type="checkbox"/> STL file <input type="checkbox"/> Other – Please specify:		
Results by		Sample return	<input type="checkbox"/> Required <input type="checkbox"/> Not required
Results delivery	<input type="checkbox"/> External storage device <input type="checkbox"/> Other – Please specify:		

Comments	Special imaging conditions required for the experiment: <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide additional details if any :
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By		Date	
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