



Test Request Form: Convection Reflow, Thermal Stress

Company: _____ NTS Quotation Number: _____
 Address: _____ Purchase Order: _____ Date: _____
 City: _____ State: _____ Postal Code: _____ PO Authorized Signature: _____
 Country: _____ Cage Code / MFR# _____

Contact: _____ Phone: _____ Email: _____

Premium Turnaround Time

Note: All premium turnaround times are dependent upon availability. Add Premium Charge to Purchase Order if Checked

5 Day Turnaround (50%)

3 Day Turnaround (100%)

Next Day Turnaround (200%)*

** Not available on samples that require thermal stress.*

Part Number: _____ Production Month & Year: _____ Date Code: _____
 Coupon Serial Numbers: _____ Lot Numbers: _____
 _____ Work Order # _____
 Board Serial Numbers: _____

Testing To Be Performed

Please indicate the specification the samples will be tested to: (defaulted to latest revision/amendment unless otherwise specified)

IPC-6012 IPC-6013 IPC-6018 J-STD-003 IPC-TM-650 Method 2.6.27

of Reflow Cycles: 6 4 2 Other

Temperature: 230 °C 260 °C Other

ITAR Requirement: Yes No

Additional Instructions / Information

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Final Test Report:

All final test reports are uploaded to [NTS LabInsight](#) for secure customer retrieval. A hard-copy version may be requested at an additional fee.

*** FORM MUST BE SUBMITTED WITH SAMPLES ALONG WITH A HARD COPY OF THE PURCHASE ORDER***