

EMBOSSING REQUEST FORM

Please read attached sheet before completing this form

Personal Contact Information

Date: ___/___/___

Name: _____ Phone #: _____ Department: _____

PRN or Acct #: _____ E-mail: _____

Technical Information*Please use separate forms for requests involving different mold inserts or embossing materials.*

Mold Insert Name: _____

Mold Insert Format (refer to Appendix A): _____

Material to be embossed (refer to Appendix B): _____

Material Supplied by Customer – Y / N Number of Samples to be embossed: _____

The User may elect to be present during analysis to direct the technician on embossing details.

Please select one:

- I request to be present for embossing, please contact me for scheduling.*
- I do not need to be present.

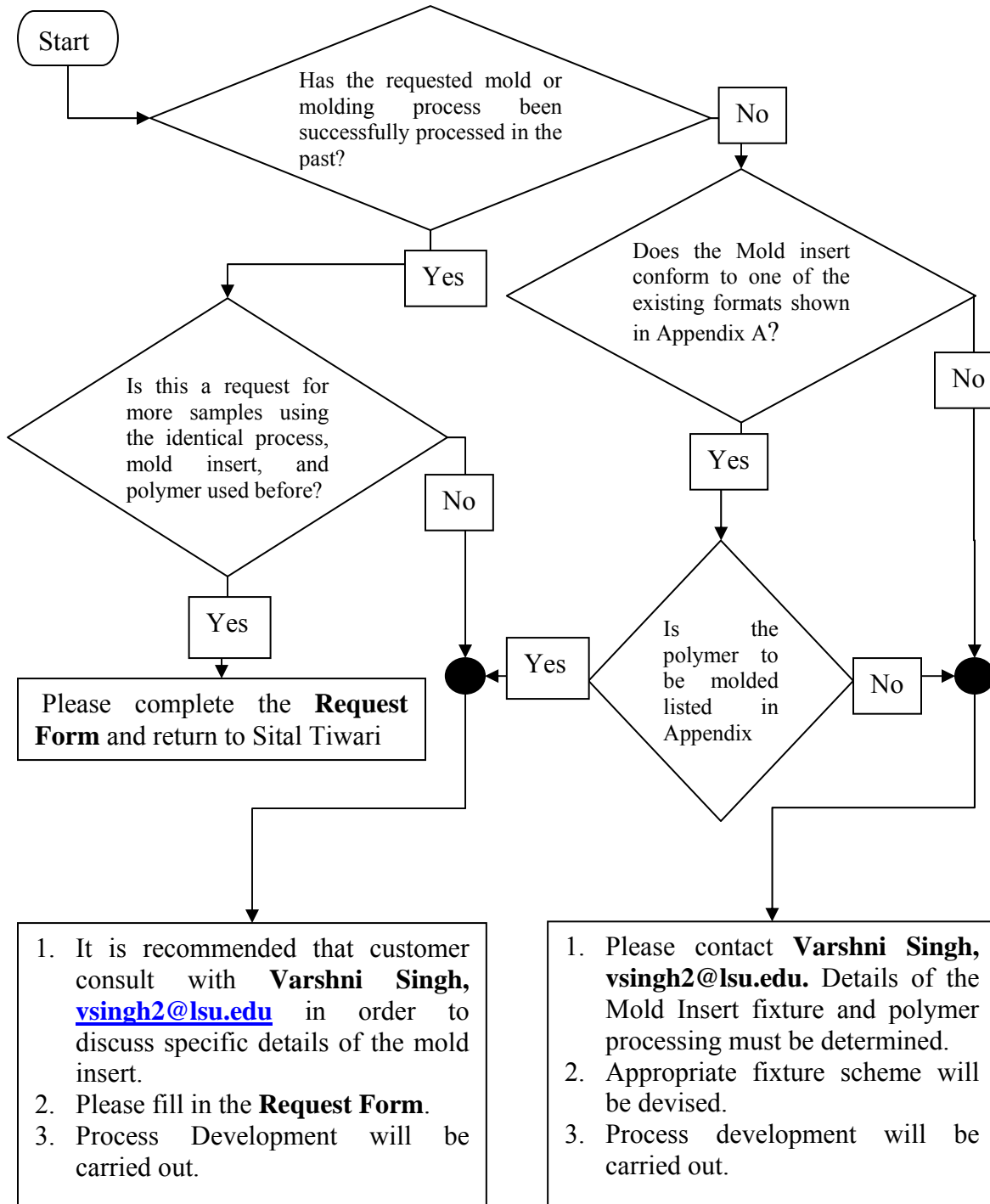
Comments/Instructions which may be necessary for successful processing. Please mention smallest dimension, highest aspect ratio and point out critical structures on design **:*** It is advised that you discuss your tool design with Varshni Singh **BEFORE** sample embossing.*

- *Forward form to(Varshni Singh, vsingh2@lsu.edu, room #130) Place sample in the drop box provided in the receiving area near the machine. Label sample box with name, number, email and date.*
- *For technical issues contact (Varshni Singh, vsingh2@lsu.edu). If special considerations are necessary, please include detailed instructions.*
- *It is your responsibility to ensure satisfactory mold insert quality.*
- *Please allow at least 5-7 working days for processing*

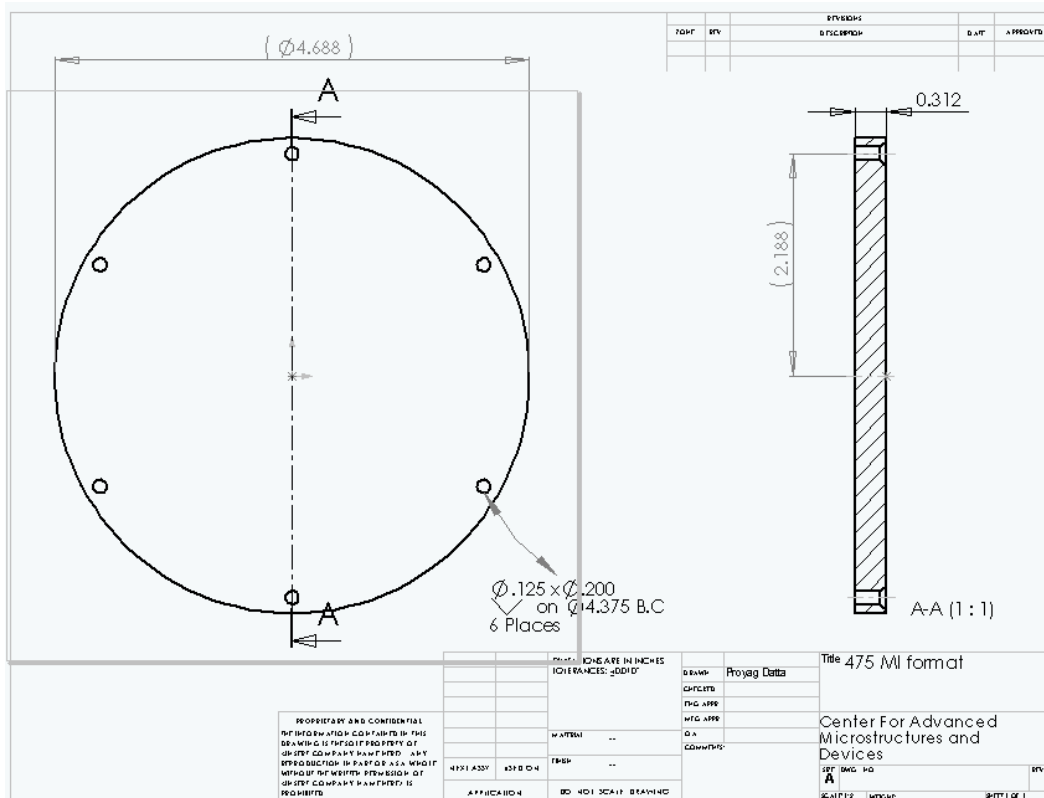
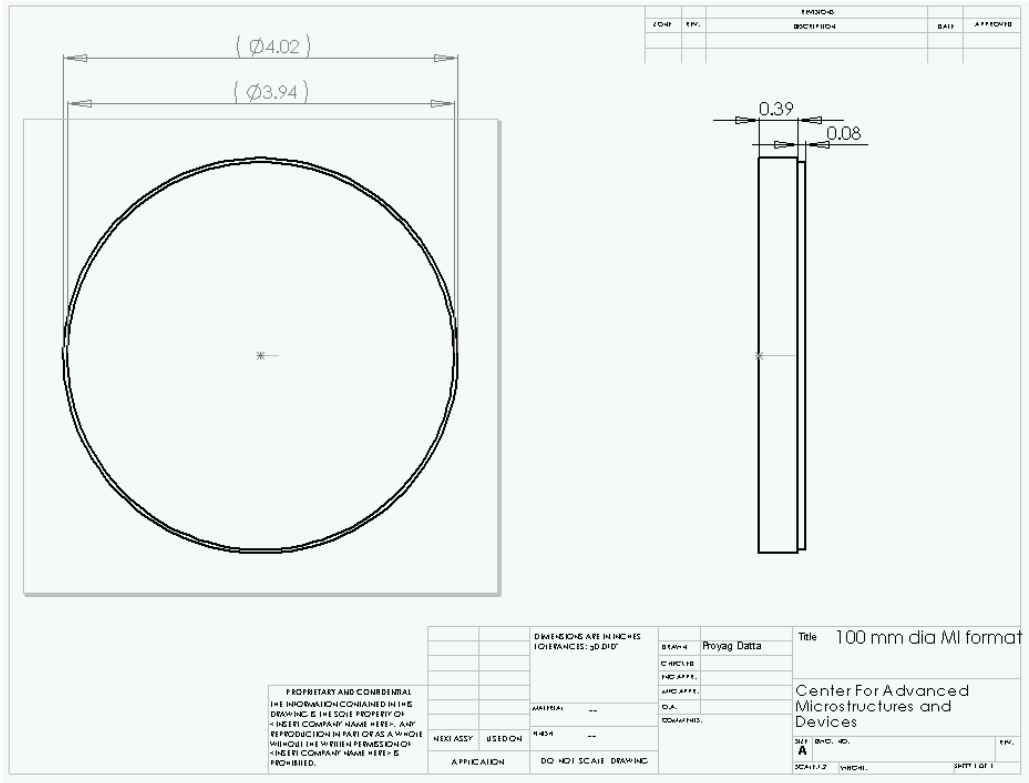
CAMD Office Use Only:

Date received:	Comments:
Anticipated Completion date:	
Performed by:	Signature of recipient:
Date:	Date received:

How to Request Embossing



Appendix A: Standard Mold Insert Formats



Appendix B: List of polymers for Hot Embossing

Polymethyl Methacrylate (PMMA), Polycarbonate (PC), LEXAN[®], CYRO[®], ROEHM[®]