

**ORDER FORM 1**

**CALIBRATION TRANSFER SPECIMEN**  
**(36110C, 36120C, 36130C)**

**Thermal Resistance Measurement**  
**NIST 1016 mm Guarded Hot Plate Apparatus**

	<u>Ship to:</u>	<u>Bill to:</u>
Name	_____	_____
Organization	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Telephone	_____	_____

**Complete the following technical information**

- Customer apparatus (check one): \_\_\_\_\_ Guarded Hot Plate; \_\_\_\_\_ Heat Flow Meter
- Mode of operation (check one) and direction of heat flow (circle one):
  - \_\_\_\_\_ One-sided; → up, down, or horizontal
  - \_\_\_\_\_ Two-sided; → vertical or horizontal
- Specimen source (NIST):
  - Low-density fibrous-glass blanket, 9.6 kg/m<sup>3</sup> (0.6 lb/ft<sup>3</sup>), 610 mm square
- Specimen thickness (check all that apply) and specify number of specimens
  - \_\_\_\_\_ 25 mm; \_\_\_\_\_ Quantity
  - \_\_\_\_\_ 75 mm; \_\_\_\_\_ Quantity
  - \_\_\_\_\_ 150 mm (two 75 mm, stacked); \_\_\_\_\_ Quantity
- Conditions for each test (specify below); Units (check one): \_\_\_\_\_ SI; \_\_\_\_\_ Other  
(Use additional sheets, if necessary.)

<u>Test #</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Mean Temperature	297 K				
Hot Surface	_____	_____	_____	_____	_____
Cold Surface	_____	_____	_____	_____	_____
Thickness	_____	_____	_____	_____	_____
Mode (1-sided or 2-sided)	_____	_____	_____	_____	_____
Heat Flow Direction	_____	_____	_____	_____	_____

**Return Order Form and Purchase Order to:**

NIST  
Attn: Robert R. Zarr  
100 Bureau Drive, MS 8632  
Gaithersburg, MD 20899-8632  
Voice: (301)-975-6436

\_\_\_\_\_ Check if you would like  
notification upon receipt