

TEST REQUEST FORM

To be included with shipment of sample(s)

Ship Samples To: Receiving 5997 Center Hill Ave BLDG C, Cincinnati OH 45224

(PLEASE PRINT)

COMPANY REQUESTING TESTING:

Company Name: _____

Contact Person: _____ Telephone: _____

E-mail: _____

Address: _____

Description of sample(s) sent for testing: _____

How do you want the sample(s) to be identified in the report? _____

Do you want the samples returned to you? _____ If yes please supply UPS Account #: _____

If you have Multiple Samples, would you like separate reports? _____

(Additional charges may apply)

Testing requested:

PURCHASE ORDER #: (If required for billing) _____

Accounting Contact Information:

(Including e-mail address)