

REQUEST FORM

<b>Date submitted:</b>	
Client Name:	Report results to:
Client Address:	
	Email:
	Phone:
Reference # / Project Name:	Fax:

<b>Payment options:</b>	<b>Sample disposition:</b>
<input type="checkbox"/> Pre-pay	<input type="checkbox"/> Send sample(s) back via _____ Via U.S.mail -\$10 min.chg. If Fedex or UPS, provide Acct #:
<input type="checkbox"/> PO #:	<input type="checkbox"/> Dispose of sample(s) after 30 days
	<input type="checkbox"/> Store an add'l _____ months (Contact lab for pricing)

<b>Send invoice to:</b>
Client Name:
Contact Name & Email Address:
Client Address:
Phone number:

**Turnaround Time:**  Standard (14 Business Days)  Accelerated (8 Business Days) +100% surcharge  
 RUSH2 (4 Business Days) +200% surcharge  RUSH3 (1-2 Business Days) +300% surcharge

**All Results will be provided by email. Please select if additional delivery method is needed.**

Mail  Fax ( )  Other:

Item #	Description	Test(s) Requested	Anticipated Result/Value

<b>Special Instructions:</b> (goals, etc.)

