



Test Request Form

(This form must be completed before testing is initiated)

PO # **Required before testing is initiated.**

MTL Quote # **All testing must have a current quotation.**

Send Samples to:
Microtest Laboratories, Inc
Attn: Sample Quarantine
104 Gold St.
Agawam, MA 01001
Email: login@microtestlabs.com

For Internal Use Only
Sample #: _____
Rec'd by / date: _____
Rec'd Via: _____

For an additional fee your testing will be expedited.

Check here to receive your reports online, via our free Test Share service.

Final Report Information

Attn: _____
 Company: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Invoice Information (if different from report)

Attn: Accounts Payable
 Company: _____
 Address: _____
 City/St/Zip: _____

- STAT Test (50% Fee)
- Test Share Report (visit www.microtestlabs.com to sign up)

Who will be receiving the final report.

Who will be receiving the invoice.

Sample Details:

Quantity	Lot #	Sample Description (use wording desired on final report)	MTL Test #	Test Description	Specification / Guideline*
		Please include the number of samples shipped, the lot numbers associated with the samples, and a description of the samples (include any information that you want on the final report).			Please indicate the MTL Test # that you want performed and the name of the test. This information can be obtained from your quotation.
					Indicate your pass/fail criteria and the guideline that you are following.

*Please indicate what your specification for the test is and/or which guideline you are following (ISO, USP, EP, ect.).

Sample Storage / Disposition Information:

Storage Temperature	Sample Hazards ^{1,2}	Controlled Substance ²	Sample Disposition	Reserve Disposition	Return Via
<input type="checkbox"/> Ambient	<input type="checkbox"/> Carcinogen	<input type="checkbox"/> No	<input type="checkbox"/> Discard	<input type="checkbox"/> Discard	<input type="checkbox"/> FedEx acct #:
<input type="checkbox"/> 2-8°C	<input type="checkbox"/> Cytotoxic	<input type="checkbox"/> Yes (attach copy of DEA license)	<input type="checkbox"/> Return	<input type="checkbox"/> Return	<input type="checkbox"/> UPS acct #:
<input type="checkbox"/> -20°C	<input type="checkbox"/> Radio-labeled	DEA #:			
<input type="checkbox"/> -70°C	<input type="checkbox"/> Biohazard	DEA Schedule:			

¹If the hazard is different than the ones listed above please indicate in the Additional Comments section.

²Microtest can handle limited quantities and types of these materials, please contact Microtest prior to sending in samples for these categories.

Additional Comments:

Are there any hazards associated with your product? If yes, indicate the hazard here.

Is your product a controlled substance? If yes, include the appropriate information.

Do you want your samples returned? If yes, please provide the shipping account number.

Use the Additional Comments section to communicate any information you do not want on the final report or any special instructions. Please attach any MSDS or associated paperwork to this form if applicable.

Signature: _____ Date: _____

Please Note: Samples will only be processed once this form is completely filled out. Failure to complete this form may result in testing delays.

This form MUST be signed and dated before samples will be logged in.