

TEST REQUEST FORM

(This form must be completed before testing is initiated)

(Call Customer Service if you are unsure about how to complete this form)

To: MicroTest Laboratories, Inc.
104 Gold Street
Agawam, MA 01001

PO#: _____

Required before testing can begin

All testing must be quoted by product

MTL Quote#: _____

Login Fax #: 413-786-3210

Send Report To:

Attn: _____

Who will be receiving the report?

Send Invoice To: (if different from report)

Attn: _____

Who should receive the invoice?

Phone: _____
Fax: _____

Check here if you want your report to be faxed as well as mailed

Check all applicable:

- STAT (50% Fee) FAX Report GLP Required: (additional charge)
(CFR Part 58, QA will forward Compliance Forms)

Sample Information:

How many samples have you shipped?

Quantity: _____
Description (use exact wording desired on final report): _____

Description of items being tested including; part numbers, load numbers, etc.

Is the testing for regulatory submission?

The information on these lines is exactly what will appear on your final report

Lot#(s): _____

Lot number of the item or items being tested

Sample Storage Requirements (if other than ambient):

- Refrigerated (2-8°C) Frozen (-20°C) Frozen (-70°C)

Sample Disposition:

Do you want the samples back?

- Sample Disposition (Post Analysis) Discard Return FedEx# or UPS# _____
Sample Disposition (Reserve/Extra Material) Discard Return

Please provide your account number

Perform the following tests on this sample:

MTL Test#	Test Description	Extraction Time/Temp/Extractant	Additional Information
<i>MTL Test #</i>	<i>Name of the test</i>	<i>Critical for Tox work</i>	<i>SOP#, Composite, etc.</i>

Additional Comments:

Use this space to communicate any information you don't want to be included in your final report

Signed: _____

Signature and date are required before testing can be initiated

Date: _____