**Laboratory Services Request Form**

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| **QC Request** | **R&D Request** | **Product Development** |
| **Slurry Request** | **CPG Request** | **Other Request** |

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| **Test Requestor:** | **Test Request No:** |
| **Date Requested:** | **Requested Completion Date:** |
| **Tests Requested:** | |
| **Sample Description:** | |
| **Sample Disposition:** *(Samples will be discarded after 3 weeks of completion if no disposition is selected)*   |  |  | | --- | --- | | **Return  Dispose  Other:** |  | | |
| **Purpose:** | |
| **Additional Comments:** | |

**Results:**

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*Analyst / Date Completed*

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*Reviewed By: Director of Quality Approved By: Director of Operations*