



2810 Clark Avenue St. Louis MO 63103 314-531-8080

testlab@labinc.com <http://labinc.com/>
TEST / ANALYSIS REQUEST FORM

Date:

Company:

Report Mailing Address:

Billing Address:

(if separate from mailing)

Invoice Email Address:

Contact Name:

Phone Number:

Contact Email Address:

☐ **Purchase Order #:**

and/or

☐ **Credit Card (we will call when complete)**

Sample(s) Identification:

(sample date/time if applicable)

Type Tests / Analyses:

Standard Code Specification:

Specific Test Instructions:

Requested Turnaround:

Return Sample(s): **Yes / No**

Return Shipping Account #: UPS #

FedEx #

Do Not Destroy Samples ☐

Some test methods may require destruction of the samples, unless otherwise requested. Please label each sample with identification, test type(s) required and any relevant information.