



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

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

Date:

Company:

Report Address:

Billing Address:

Contact Name:

Phone Number:

Email Address:

Fax Number:

Purchase Order #:

Credit Card (we will call when complete): Yes / N/A

Sample(s) Identification:

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 ☐

Samples will be destroyed unless otherwise requested. Please label each sample with test type(s) required and any relevant information.