



CG LABORATORIES, INC.

TEST REQUEST FORM

COMPANY NAME		TELEPHONE NO.	
STREET ADDRESS		FAX NO.	
CITY, STATE, ZIP OR COUNTRY		ESTIMATE NO.	
CONTACT NAME- <i>Authorized person to answer technical questions</i>		SPONSOR PO NO.	<i>If needed for payment</i>
EMAIL ADDRESS			
BILLING STREET ADDRESS		BILLING CONTACT	
BILLING CITY, STATE, ZIP		BILLING PHONE NO.	

 MAIL AND FAX RESULTS

 MAIL RESULTS ONLY

 FAX RESULTS ONLY

DATE PRELIMINARY RESULTS ARE REQUIRED

TEST REQUESTED	SAMPLE ID (Product Name) <i>This ID will be typed into final report</i>	LOT # <i>This ID will be typed along with "Sample ID" in final report</i>	QUANTITY <i>Authorized amount of tests to conduct</i>	No. of samples sent

STORAGE CONDITIONS: ROOM TEMPERATURE OTHER (SPECIFY) _____

Unless specified, all samples will be stored at room temperature.

PLEASE RETURN SAMPLES**

Unless specified, all samples will be disposed of.

 DISCARD SAMPLES

**Samples will incur a sample return fee.

SUBMIT SAMPLES TO THE ATTENTION OF: LABORATORY AT 1410 SOUTHTOWN DR. GRANBURY, TX 76048

SPONSOR SIGNATURE:

DATE:

SPONSOR COMMENTS/SPECIAL INSTRUCTIONS:

CG Labs use only

Reference Number: _____

Special Instructions: _____

Receive

Date: _____