



TEST REQUEST FORM

FOR INFINITY LABORATORIES USE ONLY	
Test Sample Date:	
Test Sample Code:	
RUSH (Additional Charge)	<input type="checkbox"/>

(Use Additional Sheets as Necessary) Page _____ of _____

Customer Information

Contact:	
Company:	
Street Address:	
City, State, Zip:	
Phone No.:	
E-mail(s) for results:	
P.O.#:	

Billing Information

Contact:	
Company:	
Street Address:	
City, State, Zip:	
Phone No.:	
E-mail(s) for invoicing:	
Quote #:	

Sample Information

All information must be complete before testing can be initiated.

Sample Description:				
Incubation conditions (temp/duration)	1 st incubation:	<input type="checkbox"/> N/A	2 nd incubation:	<input type="checkbox"/> N/A
Volume to test (liquid samples):	<input type="checkbox"/> N/A	Sample Storage:	<input type="checkbox"/> Ambient	<input type="checkbox"/> Refrigerate
Quantity Submitted for Testing:	<input type="checkbox"/> Individual <input type="checkbox"/> Pooled	Sample Disposition:	<input type="checkbox"/> Discard	<input type="checkbox"/> Return

Testing Information

This information will be used for result release.

If no acceptance criteria is indicated, it will be reported as for information only (FIO)

Test Code (from Quote)	Sample ID	Acceptance Criteria	Special Instructions

Submission

Customer agrees to Infinity Laboratories' terms and conditions.

Customer: _____

Date: _____

Infinity Laboratories: _____

Date: _____