



AN IIA COMPANY



2810 Clark Avenue
St. Louis, MO 63103-2574
Phone (314) 531-8080
Fax (314) 531-8085

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.