



**INDUSTRIAL<sup>®</sup>**  
INSPECTION & ANALYSIS

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## TEST / ANALYSIS REQUEST FORM

**Date:**

**Company:**

**Report Mailing Address:**

**Billing Address:**

*(if separate from mailing)*

**Invoice Email Address and phone number:**

**Contact Name:**

**Phone Number:**

**Contact Email Address:**

☐ **Purchase Order #:**

*and/or*

☐ **Credit Card**

*(PO or CC required prior to receipt of results)*

**Sample(s) Identification:**

*(sample date/time if applicable)*

**Type Tests / Analyses:**

**Standard Code Specification:**

**Specific Test Instructions:**

**Requested Turnaround Date:**

**Rush (charges will apply) ☐**

**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.