

# Sample Testing Request Form

ISO 17025:2005  
Accredited



ISO 9001:2008  
Certified

<b>Customer Name:</b> Primary Contact: Company Address:		<b>Report Results to:</b> (List all recipients and emails who should receive results via email)	<b>Bill and Invoice to:</b> (List all recipients and emails who should receive Invoices / Statements via email)
Phone:			
P/O#			

Sample ID: Description or ID # (This will appear on the COA) (Sample Section, Max 30 characters) Material name or ID Number	Sample Lot #: (This will appear on the COA) (Lot # section, Max 20 characters)	Sample Priority: Standard (10 day) 5 day + 100% 3 day + 200% Other	Analysis or testing being requested: I.e. ID, Pesticides, Specific Assay, PU, HUT, FIP, GDU, SU, ALU, DU, XU, Heavy Metals Pkg, Rapid Micro, Micro Pack, etc.	Expected Levels: -Label Claims / Anticipated Potency, or Activity per unit (choose the unit that applies: /mg, /cap, /tablet, /serving size* (*Please provide serving size). Micro CFU/g, Negative/10g, etc. <i>Note: All testing including Micro requires a specification before testing can begin</i>	Special Notes / Additional Information: Specific information per sample (Not required) <i>Note: Testing activities without specifications may be delayed and may include additional fees if additional testing is required</i>
Example: ID 1234	Lot # 12345	3 day	HUT Assay	10,000 HUT/serving of 2 caps	Brown Powder, maintain @ 4° C

Additional Information: Special Instructions:	Storage Condition and Sample Disposition Comments:
	(Unless specified, all samples will be stored at ambient condition (20-25°C, 25-45%RH), and disposed of 30 days after testing is completed.)

Internal SORA Use Only	Date received:	Received by Initials:	Expected Due Date	Condition Received:	Notes: