

TEST REQUEST FORM



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PLEASE FILL IN PERTINENT INFORMATION LEGIBLY. SUBMIT ONE COMPLETED FORM WITH EACH SAMPLE TO BE TESTED. PURCHASE ORDER NO. AND SIGNED TEST REQUEST FORM ARE BOTH REQUIRED FOR TESTS TO BE SCHEDULED. **SEND SAMPLES AND COMPLETED FORM TO PROPER ADDRESS FOR TESTING (LISTED ABOVE).**

(Lab Use Only)	
Date: _____	Lab Number: _____
Logged in by: _____	Received in Good Condition <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes: _____	Number of samples received: _____

CUSTOMER CONTACT INFORMATION	Purchase Order _____
Company Name _____	Contact Person _____
Street Address _____	Phone/Ext _____
City, State, Zip code _____	Email _____

CUSTOMER BILLING INFORMATION	<input type="checkbox"/> same as customer contact information
Company Name _____	Contact Person _____
Street Address _____	Phone/Ext _____
City, State, Zip code _____	Email _____

TEST ARTICLE DESCRIPTION (use EXACT wording desired on Technical Report)

Sample ID/Batch/Lot number: _____ N/A

- New product test submission
- New product to existing, reference specification: _____
- Existing product, reference specification: _____

Sample Storage Condition
<input type="checkbox"/> Room Temperature
<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Freezer
<input type="checkbox"/> Other

Sample Disposition (default is discard)
<input type="checkbox"/> Discard Samples
<input type="checkbox"/> Return Samples
<input type="checkbox"/> Return Shipping Container
<input type="checkbox"/> Pick up

Tests Requested:

Test Code: _____ Test description: _____

Special Instructions: _____

Customer Signature: _____ Date: _____