

TEST REQUISITION FORM

1: REPORT ADDRESSED AND MAILED TO

Company Name: _____

Company Contact: _____
Address: _____

City: _____
State: _____
ZIP Code: _____
Country: _____
Phone No.: _____
Fax No.: _____
Email: _____

3: TEST ARTICLE IDENTIFICATION

Test Article Name (Exact wording will be in the final report):

LOT/BATCH No.: _____

CAS Code (if applicable): _____

Other (Optional information about test article, such as sterilization or expiration date if applicable): _____

Amount Submitted: _____

Sample Submitted is: Sterile Not Sterilized

Storage Condition:

Room Temp. 4°C±2°C -20°C±4°C -80°C±12°C
 Other Temp: _____

2: BILLING INFORMATION

Purchase Order No.: _____

Quotation No.: _____

Billing Address (if different): _____

City: _____

State: _____

ZIP Code: _____

Country: _____

Billing Comments: _____

4: CONTROL ARTICLE IDENTIFICATION

Control Article Name (If Sponsor-Supplied):

LOT/BATCH No.: _____

CAS Code (if applicable): _____

Other (Optional information about test article, such as sterilization or expiration date if applicable): _____

Amount Submitted: _____

Sample Submitted is: Sterile Not Sterilized

Storage Condition:

Room Temp. 4°C±2°C -20°C±4°C -80°C±12°C
 Other Temp: _____

5: DISPOSITION of TEST/CONTROL ARTICLE

Dispose Return unused
 Return used & unused

If samples to be returned, please provide shipping account information:

UPS FedEx Other: _____

Account Number: _____

* Note: Unless specified on the test request form, 1) all samples will be stored at room temperature, 2) all samples will be disposed of without prior notice to Sponsor, and 3) If Sponsor does not provide shipping account number, then Sponsor will incur a minimum of \$125 per shipment of returned test article.

TOXIKON USE ONLY

STUDY DIRECTOR SIGNATURE: _____ DATE: _____

TOXIKON PROJECT NUMBER: _____ LOGIN INITIALS: _____ LOGIN DATE: _____

