

Section 1:

REPORT ADDRESSED AND MAILED TO:

Company Name: _____

Company Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

PH: _____ FAX: _____

Email Address: _____

BILLING INFORMATION:

Purchase Order No.: _____

Quotation No.: _____

Billing Address (if different): _____

City: _____ State: _____ ZIP: _____

Billing Comments: _____

Section 2:

TEST ARTICLE IDENTIFICATION (*Exact wording will be in final report*):

TEST ARTICLE NAME: _____

LOT/BATCH No.: _____

DISPOSITION of TEST ARTICLES:

Pickup Overnight Shipment

If samples to be returned, please provide shipping account info.:

UPS FedEx Other: _____

Acct.# _____

Note: Unless specified on the test request form, if Sponsor does not provide shipping account number, then Sponsor will incur a minimum of \$125 per shipment of returned test article

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

