ETHIDE LABORATORIES

TEST REQUEST FORM

For Lab Use Only			
Customer Reqmts.	PO ☐	TRF ☐	Other ☐

Test(s)		Code(s)	
Procedures			
Capabilities		Resources	

SEND FORM TO:	1300 Main Street West Warwick, RI 02893	Amendments (not Required) ☐	See Attached ☐
		Accepted Date	By
		Date Received	By

Traceable Ref #:		P.O. #	

Send Report to: (Company name, address, attention)		**Invoice To:** (if different)	
Phone #:		**Fax #:**	

Sample Description: (Use exact wording desired on final report)

Lot Numbers:	

Perform the following tests: **Normal TAT** ☐ **RUSH** ☐ **(must be previously agreed upon, RUSH charges apply)**

Number of Tests	Test Type / Description	Test Code #

Samples are:	☐ Sterile	☐ Non-Sterile	Sterilized By:	☐ EO	☐ Radiation

Comments: (Not typed on final report)

Signature		Date	