



LAB REQUEST

REQUEST DATE: / /

REQUESTED COMPLETION DATE: / /

TM: _____

CUSTOMER: _____

Address: _____

E-mail: _____

Phone: _____

Fax: _____

SAMPLE PRODUCT REQUEST:

Product: _____

Sample Size (pint, quart or gallon): _____

MSDS

PIF

TITRATION KIT REQUEST:

Product: _____

PRODUCT INFORMATION REQUEST:

Product: _____

MSDS

PIF

Other: _____

DELIVERY METHOD:

SALESPERSON

E-MAIL

FAX

MAIL

UPS UPS ACCOUNT NUMBER _____

FOR PRODUCTO LAB USE ONLY

DATE RECEIVED BY LAB: _____ COMPLETED BY: _____ DATE: _____