

Report To Be Issued To	Billing Information (If different from Report Issued To)
Company:	Company:
Contact:	Contact:
Address:	Address:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:

Purchase Order #:	Quote #:
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Specify Standard/Test Method or Description of Desired Assessment Below (Note: Unless otherwise specified, standards testing will be to the latest standard/test method available.)

Sample Description				ICS Use Only	
Model / Part Number	Lot #	Description	Qty.	Checked By	ICS ID #

Date Results Required:	<input type="checkbox"/> Normal (Default) Normal lead time is 2-4 weeks	<input type="checkbox"/> STAT (50% up charge)
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Report Format:	<input type="checkbox"/> Email PDF & Send Paper Copy (Default)	<input type="checkbox"/> Email PDF Only
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Sample Disposition:	<input type="checkbox"/> Discard 30 days after completion of testing (Default).	<input type="checkbox"/> Return 30 days after completion	<input type="checkbox"/> Return upon test completion
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Special Safety Precautions:	<input type="checkbox"/> None	<input type="checkbox"/> MSDS attached	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____
Federal law requires disclosure of any available information.				

Client Authorized Signature:	Date:
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All Work Subject to ICS Standard Terms and Conditions

FOR LABORATORY USE ONLY			
GR No.:	Logged by:	Job Approved by:	Job Number: