

(If filling out electronically, **tab** to move to next cell.)

| 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 #: |
|-------------------|----------|

| Specify Standard/Test Method or Description of Desired Assessment Below (Note: Unless otherwise specified, standards testing will be to the current/latest-available standard/test method.) |
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| Sample Description | | | ICS Use Only | |
|---------------------|-------------|------|--------------|----------|
| Model / Part Number | Description | Qty. | Checked By | ICS ID # |
| | | | | |
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|------------------------|---|---|
| Date Results Required: | <input type="checkbox"/> Normal (Default) Normal lead time is 2-4 weeks. | <input type="checkbox"/> STAT (50% up charge) |
|------------------------|---|---|

| | | |
|----------------|--|---|
| Report Format: | <input type="checkbox"/> Email PDF & Send Paper Copy | <input type="checkbox"/> Email PDF Only (Default) |
|----------------|--|---|

| | | | |
|---------------------|---|--|--|
| 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 |
|---------------------|---|--|--|

| | | | | |
|--|-------------------------------|--|----------------------------------|--------------------------------------|
| Special Safety Precautions: | <input type="checkbox"/> None | <input type="checkbox"/> MSDS attached | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other _____ |
| <small>Federal law requires disclosure of any available information.</small> | | | | |

| | |
|------------------------------|-------|
| Client Authorized Signature: | Date: |
|------------------------------|-------|

All Work Subject to ICS Standard Terms and Conditions.

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