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| **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 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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| Processing Timetable:  Standard (Default)  Expedited/STAT (50% upcharge) |

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| Report Format:  Email PDF & Send Paper Report  Email PDF Only (Default)  Paper Report Only |

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| Sample Disposition:  Discard 30 days after completion of testing (Default).  Return 30 days after completion  Return immediately upon test completion |

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| Special Safety Precautions:  None  SDS attached  Unknown  Other  Federal law requires disclosure of any available information. Attach memoranda/instruction as necessary. |

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| Client Authorized Signature: | Date: |

# All Work Subject to ICS Standard Terms and Conditions.