



Laboratory Order Form

Primary Contact Name _____ Date Submitted _____

Alternate Contact Name _____ Purchase Order Number _____

Company Name _____

Delivery Address _____

Invoice Address _____

City _____ Country _____ Post Code _____

Phone _____ Fax _____ E-mail Address _____

A PURCHASE ORDER MUST BE ON FILE AT THE START OF EACH TEST

The following specimens are to be exposed as follows:

Lab France Lab Germany Lab UK

Number of Specimens: _____ Number of Reference Specimens _____

Specimen Sizes: _____
(Please refer to price list)

Can the specimens be cut to the required size? yes no

Can the specimens be covered? yes no

Specimen Description: _____

Governing Standard (Specify, ISO, DIN, etc.): _____

Additional Information: _____

Test duration in: hours KJ cycles

Sample code(s) _____ : duration _____ Sample code(s) _____ : duration _____

Sample code(s) _____ : duration _____ Sample code(s) _____ : duration _____

If necessary, please attach an extra sheet

Side facing light: uncoded coded

Additional Backing yes no

Kind of backing, please describe:

