13805 First Avenue North, Suite #100
Plymouth, MN 55441
Phone: 763-231-0150 Fax: 763-231-0151

SAMPLE TESTING FORM FOR INNOVATECH LABS

Please include quote number if applicable.
Quote # _____

Company Name: _____

Person Submitting: _____

Address: _____

_____

_____

Phone Number: _____ **Email Address:** _____

Fax Number: _____

Sample Identification: _____

_____

Testing Required: _____

_____

_____

Hard Copy Report: ___ Yes ___ No You will automatically receive a PDF attachment of your report via e-mail. We do not send out hard copies of the reports unless requested to do so.

Date Needed By: _____ **** MUST INITIAL TO OK RUSH CHARGES _____**

Microcontamination / Cleanliness Testing Samples Require Additional Information
Sample Description: (i.e. use in hard drive)
Surface Area: (if sample is a finished part)
Specification / Test Method to Follow:
Acceptance Criteria (if known)

Standard turn around time is 5 business days.
Up to 48hr turn around = 100% rush charges -- 2-4 day guarantee = 50% rush charges. Otherwise, samples will be prioritized in the order we receive them.
****Please keep in mind for completion date: Samples will be in queue by 3pm on the day of their arrival or at 8am the following day if they arrive after 3pm.***

Address where invoice should be sent if other than address of person submitting samples:

_____
_____
_____
_____

Purchase Order #: _____ **If using PO, please include it when submitting samples. Thank-you!

If using Visa/MasterCard or American Express, submit card number, expiration date & security code

Type of Card: _____

Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date: _____ _____
Month Year

Security Code: ___ ___ ___