**SAMPLE TESTING FORM FOR INNOVATECH LABS**

<table>
<thead>
<tr>
<th>How did you hear about Innovatech Labs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________________</td>
</tr>
</tbody>
</table>

Please include quote number if applicable.

<table>
<thead>
<tr>
<th>Quote: ________________________________</th>
</tr>
</thead>
</table>

Company Name: ________________________________

Person Submitting: ________________________________

Address: ________________________________

Phone Number: ________________________________

Fax Number: ________________________________

Email Address: ________________________________

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** ________________________________

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.

Sample Return Requested: ___ No ___ Yes

Please provide shipping account number:

Fed Ex: ________________________________

UPS: ________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Purchase Order #: ________________________________

**If using PO, it must be included when submitting samples. Thank-you!**

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

Type of Card: ________________________________

Name as listed on card: ________________________________

Billing address of credit card:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Card Number: ________________________________

Expiration Date: ________________________________

Month Year

Security Code: ________________________________

Cardholder Signature: ________________________________

**Please be advised that incomplete forms may delay processing of your sample. Thank you.**

Liability of Innovatech Labs will not exceed the amount invoiced.