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REQUEST FOR ANALYSIS

DATE FILED: _____

TYPE OF ANALYSIS: _____
_____
_____
_____
_____

SAMPLE DESCRIPTION: _____

OTHER INFORMATION: _____

SUBMITTED BY: Name of Representative: _____

Signature of Representative: _____
Company/Office: _____
Address: _____

(to be filled-up by requesting party)

Date/Time Sample Received and Description/Conditions:

Temp. (if applicable) _____
Packaging _____
Duration of transport _____
Quantity _____
Other remarks _____

Date Results will be available _____

Receiving Technician _____

Date/Time _____

(to be filled-up by IFPT representative)