

SAMPLE SUBMITTAL/ TESTING REQUEST FORM



AKRON RUBBER DEVELOPMENT LABORATORY, INC.

Date: ____ / ____ / ____

Shipping Method: Fed Ex UPS DHL
 USPS Hand Deliver
 Other _____

Attention:

Chemical Testing Microscopy
 Engineering Mixing/Molding
 Latex Physical Testing
 Legal/Forensics Plastics Testing

Contact Name (if known): _____

PLEASE NOTE — DOMESTIC ORDERS (US & CANADA): **PURCHASE ORDER IS REQUIRED TO BEGIN TESTING.**
 OUTSIDE OF THE US & CANADA: **ADVANCED PAYMENT IS REQUIRED TO BEGIN TESTING.**
 PLEASE CALL 001-330-434-6665 FOR INFORMATION ON ACCEPTED METHODS.

Please ship samples to:
**2887 Gilchrist Rd.
 Akron, OH 44305**
*(Main Laboratory - Send samples to this address unless
 you are instructed to send them to the address below)*
or
**75 Robinson Ave.
 Barberton, OH 44203**

Name		Title	
Company			PO# (Required)
Address			
City	State	Zip Code	Country
Billing Address (If Different From Above)			
City	State	Zip Code	Country
Phone		Fax	
Email Address			
Sample Description			
Test Required and/or Description of Problem (Briefly State Reason)			