**SAMPLE SUBMITTAL/ TESTING REQUEST FORM**



# Date:

/ /

# Shipping Method: □ Fed Ex □ UPS □ DHL

*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**

* 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.

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| --- | --- | --- | --- |
| 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) | | | |

**PLEASE USE THIS FORM TO SUBMIT YOUR SAMPLES AND/OR REQUESTS FOR TESTING**