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# Test Request Form

Lab # \_\_\_\_\_  
 (ACTA USE ONLY)

**Complete one form for each Certificate of Analysis--if more than one sample is listed, all samples will be reported on the same Certificate of Analysis. All sections must be completed. Print the completed form, sign, date and submit to ACTA with the sample(s).**

PO # \_\_\_\_\_

**Send Certificate of Analysis to:**

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Results by  E-mail and Mail  E-mail Only  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

**Send Invoice to:**

Same as Certificate Information

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

**Sample Name** \_\_\_\_\_  
**Lot #** \_\_\_\_\_ **Batch #** \_\_\_\_\_  
**Code #** \_\_\_\_\_ **Other** \_\_\_\_\_

**Turn Around Time**

- Standard
- STAT  
*(50% Surcharge for rush testing)*
- PRIORITY STAT  
*(100% Surcharge for testing Initiated upon receipt.)*

**Sample Storage**

*Samples will be stored as indicated prior to and after testing*

- Room Temperature
- 2° to 8°c (fridge)
- 25° to -10°c (freezer)
- Other \_\_\_\_\_

*(Verify that ACTA can accommodate the "other" storage condition prior to sending samples to ACTA)*

**Final Sample Disposition**

- Return to Client  
*(Charge for Shipping)*
- Store at ACTA for not less than two weeks  
*(Perishable samples (e.g., water) will be disposed of after testing has been completed.)*
- Discard after testing

**Final Data Disposition**

- Return to Client After 10 Years (Charge for costs)
- Discard After 10 Years (No Cost)

**Shipping Condition**

- Ambient
- On Ice
- On Dry Ice

Special Instructions \_\_\_\_\_

Hazard Information (label outside of shipping package) \_\_\_\_\_

**Sample Type**

- FDA Regulated
- Not FDA Regulated

Lab # \_\_\_\_\_  
**(ACTA USE ONLY)**

Print Form

<b>Tests Requested</b> <i>(Must Be Provided)</i>	<b>Methodology</b> <i>(Must Be Provided)</i>	<b>Specification</b> <i>(Must Be Provided)</i>

Signed By \_\_\_\_\_

Date \_\_\_\_\_

**By signing this Test Request Form you agree to ACTA's Terms and Conditions (Effective 10-15-09).**  
**Please visit [www.actalabs.com](http://www.actalabs.com) to view a copy of the Terms and Conditions.**  
**The Terms and Conditions will also be printed on the back of the Certificate of Analysis issued after testing.**

**Quantity / Packaging** **(ACTA USE ONLY)**  
\_\_\_\_\_  
\_\_\_\_\_

<b>Condition of Sample on Receipt</b>	<b>Time Received</b>	<b>Date</b>	<b>Initials</b>
_____	_____	_____	_____

**Sample Receipt Verified By/Date** \_\_\_\_\_