

SAMPLE SUBMISSION FORM - Required to be completed to initiate project

Project Owner Information - List as it is to appear on the final report		Billing Contact	Same <input type="checkbox"/>	Additional Contact emails to receive final report
Contact				
Company				
Email				
Phone				
Address				
City, State, Zip Code				Shipping Instructions: Ship samples in accordance with Federal and State guidelines and requirements.
Country				
Quote ID	PO#	Project ID		Packing Instructions: Package samples individually, separate, with clear labeling and matching Sample IDs according to this form.
Sample IDs: Please type or print clearly. This ID will be used to identify the samples on the final report.				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Please specify the preferred test face or side of the material:				
Sample Return Options		Sample Storage Conditions		Special Sample Instructions
<input type="checkbox"/> Discard upon test completion <input type="checkbox"/> Send a Return Label to info@situtest.com (may incur additional fees)		<input type="checkbox"/> Room Temperature (20 °C to 25 °C) <input type="checkbox"/> Refrigerator (2 °C to 8 °C) <input type="checkbox"/> Freezer (-10 °C to -25 °C)		
Additional Comments:				
*Any excess, non-test samples will be discarded unless otherwise directed.				

Completed by: _____ Date: _____