SAMPLE SUBMISSION FORM - Required to be completed to initiate project

<table>
<thead>
<tr>
<th>Project Owner Information - List as it is to appear on the final report</th>
<th>Billing Contact</th>
<th>Same □</th>
<th>Additional Contact emails to receive final report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company</td>
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<td>Email</td>
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<td>Phone</td>
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<tr>
<td>Address</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Shipping Instructions: Ship samples in accordance with Federal and State guidelines and requirements.

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
---|---|---
□ Discard upon test completion | □ Room Temperature (20 °C to 25 °C) | □ Refrigerator (2 °C to 8 °C)
□ Send a Return Label to info@situtest.com (may incur additional fees) | □ Freezer (-10 °C to -25 °C) |

Additional Comments:

*Any excess, non-test samples will be discarded unless otherwise directed.*

Completed by: ___________________________ Date: ___________________________