

Document Number	Form 4.3-01
Revision Number	01

TEST REQUEST FORM

Send To: Mycoscience Inc.
25 Village Hill Rd.
Willington, CT. 06279

Purchase Order #: _____
Note: P.O. # required for test initiation

Do Not Write in This Space / Mycoscience Use Only	Date Received: _____
Contract Review By: _____	Test Number: _____

Send Final Report To:

Invoice To: (if different)

ATTN: _____

ATTN: _____

Sample Description: (use exact wording desired on final report; attach extra sheets if necessary)

Lot Number(s): _____

If GLP's are required, check here: ___ Is GLP test for submission to FDA/ EPA? Yes ___ No ___ GLP # _____
Myco Use Only

Perform the Following Tests:

Test Code #	Quantity	Test Description / Special Instructions	Myco Use Only
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

NOTE: Test Articles Will Not Be Retained After Testing Unless Otherwise Requested In Comments.

Comments: (not typed in final report):

If product shall be returned, by what carrier/method? _____ Carrier Acct.# _____

Signed: _____ Date: _____