

<u>SEND REPORT TO:</u> Company: _____ Address: _____ City, State, Zip: _____ Contact Name: _____ Phone #: _____ Fax #: _____ E-mail: _____	<u>SEND INVOICE TO:</u> Same as Report Acct. Payable Address Indicated Below: PO Number (required): _____ Quote Number (if Applicable): _____
Sample Description & Identification: <i>(Lot Number / Serial Number / Part Number / Inventory Number, etc)</i> _____ _____ _____ _____ _____ _____ <i>Note: If submitting multiple lots, please include spreadsheet or other associated documentation to this submission</i>	
Methods/Tests/Comments: _____ _____ _____ _____ _____ _____	
Special Handling: None Protect From Light Other: _____ Storage Conditions: RT Refrigerated (2°C to 8°C) Frozen (-15°C to -25°C) Other – Specify: _____	
Sample Disposition: Dispose of Sample Hold Sample for ___ Days Return Sample Upon Completion <i>NOTE: ZebraSci will retain sample(s) for a min. of 30 days post report issue date then dispose of sample(s) unless previous arrangements have been made. If you require samples to be returned at the completion of testing, please include your preferred carrier and account number below.</i>	
CARRIER: _____ ACCOUNT # _____	
Approval of Person Submitting Samples for Testing: Name: _____ Org/Title: _____ Signature / Date: _____	

Sample Shipment Address: ZEBRASCI, INC. 27973 Diaz Road Temecula, California 92590

Questions? Contact: +1 (800) 217-3032 or sales@zebrasci.com

