

Analytical Test Request Form

Quote #:		P						
	1							
Client Information Test results will be reported to the individual(s) listed below Billing Information Same as Client								
Contact:	will be rep	orted to the individual	(s) listed below	Contact:			n Same	as Client 🗆
Company:					npany:			
Phone:				Pho				
Fax:				Fax:				
E-mail:			E-mail:					
Expedited Service Note: Rush service must be arranged with FSG prior to sample submittal.								
Normal		☐4-6 Days	4-6 Days		48 hours		24 hours Same day	
7-10 business days		Up to 30% extra 50% extra			75% extra charge		100% extra charge	200% extra charge
A SDS is required for all samples submitted. Samples that require special handling, precautions, and/or disposal will incur a minimum handling fee of \$50.								
FSG Sample ID # In-House Use Only		Product	Lot #		# of Samples		Test Requested	Specification
Comments or Special Handling Instructions								
Shipping Condition			Sample Storage Condition			1	Sample Disposition	
Ambient			☐ Room Temperature				☐ Discard Samples	
☐ On Ice			Refrigerated (2 to 8°C)				☐ Return Samples (extra charge)	
☐ On Dry Ice			☐ Freezer (-10 to -25°C)				☐ Return Shipper (extra charge)	
Return Data Logger			☐ Freezer (≤ -70°C)			Pickup		
Completed By: Date:								
Date.								
Print, sign and email the completed form prior to shipment to mdetri@founderssg.com or rmunroe@founderssg.com and								
include this form in the shipment to: Founders Science Group, 30 Robert W. Boyden Rd. Unit A1000 in Taunton, MA 02780								
Founders Science Group, 30 Robert W. Boyden Rd. Unit A1000 in Taunton, MA 02780								

FSG Use Only:

Received By/ Date: _______ Verified By/Date: ______