

Document Number	Form 4.3-01
Revision Number	03

## TEST REQUEST FORM

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

**Purchase Order #:** \_\_\_\_\_

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

**Final Report To (sent via Email):**

**Invoice To: (if different)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATTN: \_\_\_\_\_

ATTN: \_\_\_\_\_

Mail Original Report

**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	<i>Myco Use Only</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Comments:** (not typed in final report):

\_\_\_\_\_  
 \_\_\_\_\_

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

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

If you would like a Declared Value placed on the return shipment, please indicate value: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_