

TEST REQUEST FORM

Send To: Mycoscience
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)

☐ Mail Original Report

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

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

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: _____

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