

TEST REQUEST FORM

To: **ethide Laboratories, Inc.**

91 Hill Farm Road
Coventry, RI 02816
(401) 397-5602 fax (401) 397-8898
email address: info@ethidelabs.com

YOUR P.O. _____

Send Report To:

Invoice To: if different

Phone: _____

Fax: _____

Sample Description (USE EXACT WORDING DESIRED ON FINAL REPORT)

Lot No.(s) _____

Perform the following test:

# of Test	Test Type/Description	Test Code#
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Samples are: ___ Sterile, ___ Non-Sterile,

Sterilize By: ___ ETO ___ Steam

Comments: (not typed on final report)

Signed: _____

Date: _____