



GOVMARK

**SUBMITTAL FORM: Testing**

DATE: \_\_\_\_\_

TEST(S) REQUESTED:

DESCRIPTION OF SAMPLE BEING SUBMITTED: *(Describe as completely as possible)*

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

End Use of Product: \_\_\_\_\_

**IS THIS TESTING PART OF A CLAIM ON BEHALF OF A PLAINTIFF OR DEFENDANT: [ ] YES; [ ] NO**

|                | (1)                       | (2)                         | (3)                     |
|----------------|---------------------------|-----------------------------|-------------------------|
|                | COMPANY SUBMITTING SAMPLE | COMPANY TO APPEAR ON REPORT | COMPANY BILLING ADDRESS |
| Person's Name: |                           |                             |                         |
| Company Name:  |                           |                             |                         |
| Address:       |                           |                             |                         |
| Telephone #:   |                           |                             |                         |
| Fax #:         |                           |                             |                         |
| e-mail:        |                           |                             |                         |

**Note:** Unless otherwise directed by the submitter, test reports will be sent to the company shown in column (1).

**SPECIAL INSTRUCTIONS** (if any): \_\_\_\_\_

\_\_\_\_\_

**SEND SAMPLES TO:**

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