

**REQUEST FORM : SUPPLEMENT/NHP/PHARMACEUTICALS**

Date Submitted \_\_\_\_\_

Service Requested

- Regular                    5 business days
- Emergency                    2 business days                    (100% Surcharge)

Special Requirement:

\_\_\_\_\_

\_\_\_\_\_

Client Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Quote Number \_\_\_\_\_

PO Number \_\_\_\_\_

Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:
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No.	Product Name	Lot Number	Other Identification	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:	Test:
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

**PAYMENT**

Cheque or money order enclosed

**FOR LABORATORY USE ONLY**

SAMPLE RECEIVED BY \_\_\_\_\_ Date: \_\_\_\_\_

Sample Upon receipt

- Ambient
- Cold
- Frozen