



17645 Juniper Path, Suite 260
Lakeville, MN 55044

Misc. Testing Request

Company Name: _____ Location: _____

Submitted by: _____ Send report to email(s): _____

Date: _____

SAMPLE INFORMATION

Sample ID _____

Description: _____

Other: _____

Please conduct the following tests: (describe and/or provide ASTM Standard reference)

Test immediately or condition samples? (Please select one)

Test Immediately

Condition Samples at 73F/50RH for 40 hours

Condition Samples at _____

ATZ Internal Use: Project ID _____