

Request for Testing

Date: Company: Person requesting Testing: Number of Samples submitted: Kind of Testing requested:									
					HVI 1,2,2		\$2.80	Per sample	Please remember no staples, rubberbands, tape or plastic bags.
					HVI 2,2,4		\$3.50	Per sample	
					HVI 4,4,10		\$7.50	Per sample	
					AFIS 3 Reps		\$15.00	Per sample	
AFIS 5 Reps		\$20.00	Per sample						
Send results t	o:								
(E-mail)									
Bill To:									
PO Number:									
Name of Person dropping off samples									