



ADD-ON/RETEST REQUEST

Date: _____

PLEASE PRINT CLEARLY

IN ORDER TO ASSIST US TO BETTER SERVE YOUR NEEDS, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION AND SUBMIT IT WITH YOUR ITEM(S).

CLIENT NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

PLEASE CHECK: ADD-ON, RETEST FILE#: _____

SERVICE PRIORITY:	DOUBLE RED (Next Day) 50% Premium	RED LABEL (2 Days) 25% Premium	BLUE LABEL (3 Days) 15% Premium	REGULAR SERVICE (4-5 Days)
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DO WE HAVE ENOUGH SAMPLE/FABRIC TO PERFORM TEST(S) YES NO
(If you answer No to the above question, please provide us with additional sample/fabric before submitting for tests.)

LIST TEST REQUIRED:

WHO TOOK THE REQUEST: _____

WITH WHOM DID YOU SPEAK? _____

REQUEST SUBMITTED BY: _____

Print Name

CC: _____

Signature

*Test Request Specialist

*Lab Supervisors