



Materials Testing Laboratory
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 Bethlehem, PA 18017

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REQUEST FOR LABORATORY TESTING SERVICES

| Details | | | LAB USE ONLY |
|-------------------|------|--------|--------------|
| Client: | | | Project No.: |
| Address: | | | Initials: |
| City, State, ZIP: | | | Date In: |
| Client Contact: | | | Date Due: |
| Phone: | Fax: | Email: | Date Out: |

INSTRUCTIONS

Please complete this form in detail. One sample per line. Client should confirm fee with Pennoni prior to submitting this request. **HAZARDOUS MATERIALS** will **not** be accepted.

| Sample Description | Tests to be Performed |
|---|-----------------------|
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| Special Instructions: | |
| Disposition: Samples will be retained for 30 days after the completion of testing and reports are issued, thereafter samples will be discarded unless indicated otherwise. | |
| Client Acknowledgement: All tests are subject to the Pennoni Associates Inc. Terms and Conditions as attached. I have read and agree to these terms: | |
| Authorized Signature: _____ | |
| Name (Print) _____ | |
| Amount Authorized: \$ _____ | |
| Purchase Order Number: _____ | Date: _____ |