

Dynatec Scientific Laboratories, Inc. Request for Testing Services

Request Date: ____ / ____ / ____

Company Requesting: _____

Requestor: _____

Send results to, (if other than requestor): _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

Facsimile: () _____

Facsimile: () _____

SAMPLE INFORMATION

DSL Code(s) [Analysis Requested] _____ Method of Sterilization _____

Number Documented _____ Number Received _____ Load Number _____

Description _____ Catalog Number _____

Lot Number _____

Other () _____

On-Site Sampling Requested: Yes No N/A

Comments or Special Instructions: _____

TRANSFER OF CUSTODY (Complete if Applicable)

Relinquished By: _____ Date: _____ Time: _____	Received By: _____ Date: _____ Time: _____
Relinquished By: _____ Date: _____ Time: _____	Received at Lab By: _____ Date: _____ Time: _____

Approved by:


 Rudy M. Pina / Lab Director

Date: 5/26/03