

Sample Testing Request Form

MAIL SAMPLE TO: SORA Labs Attn: Sample Receiving

15366 US Highway 160

Forsyth, MO 65653

*UPS Preferred for morning delivery



SORA-152-091 F1 v1.3 Sample Testing Request Form

Submission of this form agrees to the use of a simple decision rule

Company Name: Primary Contact: Company Address: Phone:		Report to:		Bill and Invoice to: (List all recipients and emails who should receive invoices/Statements via email)		
PO:						
Sample ID: Description or ID # (This will appear on the COA) (Sample Section, Max 30 characters) Material name or ID Number	Sample Lot #: (This will appear on the COA) (Lot # section, Max 20 characters)	Probiotic: Does the sample contain a probiotic ingredient? (Information to help prevent cross-contamination in micro lab)	Sample Priority: Standard (10 day) 5 day + 100% 3 day + 200% Other	Analysis or testing being requested: I.e. ID, Pesticides, Specific Assay, PU, HUT, FIP, GDU, SU, ALU, DU, XU, Heavy Metals Pkg, Rapid Micro, Micro Pack, etc.	Expected Levels: -Label Claims / Anticipated Potency, or Activity per unit (choose the unit that applies: /mg, /cap, /tablet, /serving size* (*Please provide serving size). Micro CFU/g, Negative/10g, etc. <i>Note: All testing including Micro requires a specification before testing can begin and include probiotic Y/N on form</i>	Special Notes / Additional Information: Specific information per sample (Not required) <i>Note: Testing activities without specifications may be delayed and will include additional fees to cover additional testing</i>
Additional Information/Special Instructions:				Storage Condition and Sample Disposition Comments:		
Internal SORA Use Only	Date Received:	Received By:	Expected Due Date:		Condition Received:	Notes: