

## **TESTING REQUEST FORM**

## THANK YOU FOR USING BLC'S ACCREDITED LABORATORY SERVICES

All fields marked with an asterisk (\*) must be completed. Failure to do so will result in delayed turnaround times.

Please ensure all references required on the report are stated on this form. Once the job has been closed, we cannot amend reports.

Please provide		For	*TESTING REQUESTED	F
BLC quote		BLC Use	Please ensure any specific methods, limits of detection,	BI U
number if			requirements or component specific tests are clearly	
applicable			stated.	
*Company			Please be advised that all custom duties and taxes are the responsibility of the sender.	
*Contact				_
Phone number				
Additional emails for reporting				
Sample supplied by				
Sample supplying to				
*Testing specification				
Your purchase order number for BLC invoicing				
*Delivery times	Standard 5 days Days Cost x1.5 Priority N Day Cost x1.5  Cost x2			
Report per sample	Yes No			
*Sample description				
Sample reference				
*Do you require your samples returning?	Yes No			
Please provide courier handler and account number (International for				
overseas customers)	UK customers, BLC will apply postal char for returns if no courier is provided.	ge		
PAYMENT TERMS  Please contact your BLC Account Manager for details  BLC's Terms and Conditions of Testing can be found at www blochemicaltesting com				