



www.assuredtestingservices.com

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Test Sample Submission Form
(Please use one submission form per part number)

Company Name:
Contact Name:
E-Mail:
Telephone #:
PO #:

<i>The following information is necessary for test report generation:</i>	
Type of Testing Desired:	
Specification(s):	Spec Rev:
Duration of Test (If Applicable):	
Part Description:	Part Dimensions:
Number of Samples / Panels for Testing:	Material/Substrate:
Customer Identification: (ex: part#, job#, lot#, tank#, etc.)	
Customer requirements (if applicable): (ex: No pass/fail, report observations)	
Are Samples / Panels Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Masking of Edges and/or Holes Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Scribing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scribe Type (if not in spec, ex: straight line, "X" cut):
Scribe Location (non-panels):	
Orientation or significant surface:	
Photos Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of Photos:	
Return of Samples Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
UPS or Fed Ex Account No.:	
Interim Test Reports Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Test Report Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions:	

Notes: * Any cancelled testing requires written notification; minimum charges/accrued costs shall apply.
 * Any special preparation to test samples not outlined in the specification must be clearly defined.
 * If different lot/batch or product is submitted, its identification must be clearly noted.

Testing shall be to the most recent version of the applicable method, specification, or practice known to this laboratory, unless otherwise directed by the customer. It is the customer's responsibility to ensure that the desired specification and revision level are provided to the laboratory before the start of any testing.