

Contact:		Project No:		AFL Case No:			
Company:		Project:		Date Received:			
Address:				Circle Protocol: CPSC HASBRO MATTEL Other			
Email:		Request Quote before Testing <input type="checkbox"/>		Services Requested			
Phone:() Fax:()		Circle TAT: Regular Rush Priority					
Lab Use Only	Sample Information						
	Sample Description	Item No./SKU	Qty				
Notes:		Released By: (Signature)		Date/Time:		Received By: (Signature)	
		Released By: (Signature)		Date/Time:		Received at Lab By:	