

ASSURED TESTING SERVICES  
TEST SAMPLE SUBMISSION FORM

Send samples to:

(Please use one submission form per part number)

**Assured Testing Services**  
Attn: Sample Receiving  
198 River Road  
Ridgway, PA 15853  
Tel: 814-773-3224  
Fax: 814-773-3225

Company Name: \_\_\_\_\_  
Client Contact: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
P.O. # \_\_\_\_\_

Bill to Address:

Ship to (if different from Bill to):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is the information that will appear on your report:**

Part Number: \_\_\_\_\_  
Lot Number: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
\_\_\_\_\_

No. of Samples to be tested: \_\_\_\_\_ Are Samples ID'ed? (Y/N) \_\_\_\_\_

Type of test desired: \_\_\_\_\_

Specification(s): \_\_\_\_\_  
\_\_\_\_\_

Edges / Holes to be Masked? (Y/N) \_\_\_\_\_

Photos Required? (Y/N) \_\_\_\_\_ Frequency of photos? \_\_\_\_\_

Return Tested Samples? (Y/N) \_\_\_\_\_ UPS or FedEx Acct No? \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Communication Requirements:**

E-mailed or Faxed Written **INTERIM** Reports? E-mailed \_\_\_\_\_ Faxed \_\_\_\_\_  
(optional at extra cost) Frequency: \_\_\_\_\_

E-mailed or Faxed Written **FINAL** Report? E-mailed \_\_\_\_\_ Faxed \_\_\_\_\_

Contact Upon Failure? (Y/N) \_\_\_\_\_

Contact Name / Phone: \_\_\_\_\_

- 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 performed to the most recent revision of the applicable method, specification, or practice known to this laboratory at time of testing. 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.**