



**REQUEST FOR AND RESULTS OF TESTS**

PAGE NO.

NO. OF PAGES

**SECTION A - REQUEST FOR TEST**1. TO: *(Include ZIP Code)*2. FROM: *(Include ZIP Code)*3. PRIME CONTRACTOR AND ADDRESS *(Include ZIP Code)*4. MANUFACTURING PLANT NAME AND ADDRESS *(Include ZIP Code)*

CONTRACT NUMBER

P.O. NUMBER

5. END ITEM AND/OR PROJECT

6. SAMPLE  
NUMBER

7. LOT NO.

8. REASON FOR SUBMITTAL

9. DATE  
SUBMITTED

10. MATERIAL TO BE TESTED

10a. QUANTITY SUBMITTED

11. QUANTITY  
REPRESENTED12. SPEC. & AMEND AND/OR DRAWING NO. & REV. FOR  
SAMPLE & DATE

13. PURCHASED FROM OR SOURCE

14. SHIPMENT METHOD

15. DATE SAMPLED AND SUBMITTED BY

16. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS.

17. SEND REPORT OF TEST TO

**SECTION B - RESULTS OF TEST** *(Continue on plain white paper if more space is required)*

1. DATE SAMPLE RECEIVED

2. DATE RESULTS REPORTED

3. LAB REPORT NUMBER

4. TEST PERFORMED

RESULTS OF TEST

SAMPLE RESULT

REQUIREMENTS

DATE

TYPED NAME AND TITLE OF PERSON CONDUCTING TEST

SIGNATURE