

**ADD-ON/RETEST REQUEST**

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

IN ORDER TO ASSIST US TO BETTER SERVE YOUR NEEDS, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION AND SUBMIT IT WITH YOUR ITEM(S).

CLIENT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CHECK:            ADD-ON,                    RETEST                    FILE#: \_\_\_\_\_

SERVICE PRIORITY:	DOUBLE RED (Next Day) 50% Premium	RED LABEL (2 Days) 25% Premium	BLUE LABEL (3 Days) 15% Premium	REGULAR SERVICE (4-5 Days)
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DO WE HAVE ENOUGH SAMPLE/FABRIC TO PERFORM TEST(S)            YES            NO  
(If you answer No to the above question, please provide us with additional sample/fabric before submitting for tests.)

**LIST TEST REQUIRED:**

WHO TOOK THE REQUEST: \_\_\_\_\_

WITH WHOM DID YOU SPEAK? \_\_\_\_\_

REQUEST SUBMITTED BY: \_\_\_\_\_

Print Name

CC: \_\_\_\_\_

Signature

\*Test Request Specialist

\*Lab Supervisors