



SAMPLE TESTING FORM

Please include quote number if applicable.
Quote # _____

7830 Elm St. N. E,
Fridley, MN 55432
T 763.571.2595
F 763.571-3092
info@knlabs.com
www.knlabs.com

Company Name: _____

Submitted by: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Fax Number: _____

Sample Identification: _____

Testing Required: _____

Date Needed By: _____ **Please Initial For Rush Analysis:** _____

Standard turn around time is 4-8 business days. Priority (routine) analysis reported in 2 days or less will be charged a 50% premium.

Purchase Order Number: _____
(Include PO # when submitting samples)

Address where invoice should be sent: _____

