**Please fill out yellow highlighted sections below**

# LABORATORY TEST REQUEST FORM

| Collection Date | Time | Collected by: |
|---|---|---|
| | A.M / P.M. | |

| Name | Telephone # |
|---|---|
| | |

Address

| City | State | Zip |
|---|---|---|
| | | |

**Email Address (results will be emailed)**

| Invoice to (if different than above) | Telephone # (if different than above) |
|---|---|
| | |

Address

| City | State | Zip |
|---|---|---|
| | | |

**SAMPLING INFORMATION**

Batch: _____

Lot: _____

**Biologic Source**

_____ NewLife

_____ Other (please specify):

_____

## LABORATORY RESULTS (LAB USE ONLY)

Dilution: _____ Plate count: _____

Dilution: _____ Plate count: _____

Dilution: _____ Plate count: _____

**Reported results:** _____

Comments:

Comments:

Pure Organic Biologics Lab

A NewLife Biosciences accredited laboratory
Pure Organic Biologics Lab is a division of Pure Water Labs, LLC

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Telephone # (608) 225-3621

Jamie Stietz, MS - Lab Manager
Dennis R. Crow - Lab Director

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Date/Time/INTL Rec'd

Date/Time/INTL Tested

Date/Time/INTL Reported

Sample received at lab by: (CIRCLE ONE)

USPS PURPLE MTN UPS/Fed-Ex Other

PWL PK UP Drop-Off Box Walk In

**LAB NUMBER**