



MATERIAL REQUEST FORM

Laboratory Use Only	
Accession Number:	
Received Date/Time:	

Client Information *Provide signed form when picking up materials
Or email form to office@infinitylaboratories.com*

Company		Phone No.	
Contact		E-mail	
Street Address		E-mail	
City, State, ZIP		E-mail	

Order Information

Check	Test Code	Description	Price	QTY	Total (\$)
<input type="checkbox"/>	EVS120	TSA Contact Plates (10 Plates per Sleeve)	\$55/Sleeve		
<input type="checkbox"/>	SHP110	Ship Requested Material	\$50	NA	
TOTAL					

If you would like us to use your company's account for shipping, please provide the account information in the additional comments (e.g. FedEx Account #).

Additional Comments

Payment Information

PO Number: _____

Customer Signature: _____ Date: _____

Infinity Laboratories: _____ Date: _____

For Laboratory Use Only

Material Description	Expiration Date	Lot Number