

# J. Warner, Inc

## SAMPLE REQUEST FORM

Name: \_\_\_\_\_

Delivery Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone and Email Address: \_\_\_\_\_

Sample Description / Item: \_\_\_\_\_

Item Number (if available): \_\_\_\_\_

Sample Size: \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_

Ship Method:  Fed Ex /  UPS /  Other \_\_\_\_\_ Acct # \_\_\_\_\_

Bench Sample or Production Sample : \_\_\_\_\_

COA Requirements: (check all that apply)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> E. coli    | <input type="checkbox"/> Standard Plate Count |
| <input type="checkbox"/> Aflatoxin  | <input type="checkbox"/> Peroxide Value       |
| <input type="checkbox"/> Moisture   | <input type="checkbox"/> Free Fatty Acids     |
| <input type="checkbox"/> Yeast      | <input type="checkbox"/> Staphylococci        |
| <input type="checkbox"/> Salmonella | <input type="checkbox"/> Pasteurization:      |
| <input type="checkbox"/> Mold       | <input type="checkbox"/> Steam                |
| <input type="checkbox"/> Coliform   | <input type="checkbox"/> PPO                  |

Additional Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_