

# SAMPLE SUBMITTAL/ TESTING REQUEST FORM



AKRON RUBBER DEVELOPMENT LABORATORY, INC.

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

Shipping Method:  Fed Ex     UPS     DHL  
 USPS     Hand Deliver  
 Other \_\_\_\_\_

**Attention:**

Chemical Testing                       Microscopy  
 Engineering                               Mixing/Molding  
 Latex                                          Physical Testing  
 Legal/Forensics                          Plastics Testing

Contact Name (if known): \_\_\_\_\_

**\*PLEASE NOTE\*** — DOMESTIC ORDERS (US & CANADA): **PURCHASE ORDER IS REQUIRED TO BEGIN TESTING.**  
 OUTSIDE OF THE US & CANADA: **ADVANCED PAYMENT IS REQUIRED TO BEGIN TESTING.**  
 PLEASE CALL 001-330-434-6665 FOR INFORMATION ON ACCEPTED METHODS.

*Please ship samples to:*  
**2887 Gilchrist Rd.  
 Akron, OH 44305**  
*(Main Laboratory - Send samples to this address unless  
 you are instructed to send them to the address below)*  
 or  
**300 Kenmore Blvd.  
 Akron, OH 44301**

Name		Title	
Company			PO# (Required)
Address			
City	State	Zip Code	Country
<b>Billing Address (If Different From Above)</b>			
City	State	Zip Code	Country
Phone		Fax	
Email Address			
Sample Description			
Test Required and/or Description of Problem (Briefly State Reason)			