



Testing Request Form

* denotes required information.

Request for Quotation: <input type="checkbox"/>		*Date of Request: <input type="text"/>	
*Company Name: <input type="text"/>			
Invoice	*Address: <input type="text"/>	Report	<input type="checkbox"/> same as invoice
	*City: <input type="text"/>		Address: <input type="text"/>
	*State: <input type="text"/>		City: <input type="text"/>
	*Zip Code: <input type="text"/>		State: <input type="text"/>
			Zip Code: <input type="text"/>
*Contact Name: <input type="text"/>		Contact Name: <input type="text"/>	
*Telephone: <input type="text"/>		Telephone: <input type="text"/>	
*Email: <input type="text"/>		Email: <input type="text"/>	

Sample Information			
Sample Description	Model #	Serial #	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will You Include Additional Documents with Your Samples?

Please send any documentation you indicate below with your samples.

Operator/Owner's manual(s) or IFU **and/or**

Specific set-up instructions for testing

Please Complete for EC Service Testing **required*

Sample Description	Test Description	Test Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Results

*Date results requested by:

Do you require the **RAW DATA** (MED. DEV Directive)? Yes No

Do you have a specific question you want addressed in this report?

After Test is Complete

What do you want us to do with test items? Please select the options that apply.

Discard

Donate

Please return using our shipping account:

I authorize EC Service to charge for return freight

Authorized Signature: **Date:**

Client Confirmation: We confirm that the above information is complete and understand that the performance of the services described are governed by EC Service General Conditions of Service available upon request at quality@ec-service.net

***Authorized Signature:** ***Date:**

Disclosure: By typing my name I hereby authorize this information for use by EC Service as indicated and directed in the form.

Pricing applies to testing only. Prices are subject to change without notice. Price quotations are valid for up to 90 days. Upon acceptance of quote please send PO or email authorization to the attention of Randy Cunningham (randall@ec-service.net)