SPACECITY LABORATORY
POLYMER & PLASTIC TESTING

SAMPLE SUBMISSION FORM

DATE: _____

SCL LAB ID:

COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

CONTACT NAME:

E-MAIL:

PHONE:

NUMBER OF SAMPLES:

SAMPLE DESCRIPTION/MATERIAL:

ANALYSIS REQUESTED:

COMMENTS:

*Please ensure samples are labeled with the identifier you would like included on test results

Ship samples to:
SpaceCity Laboratory | 1002 N. Meyer Ave., Ste. B | Seabrook, TX 77586
www.spacecitylab.com