

REQUEST FOR AND RESULTS OF TESTS				PAGE NO.	NO. OF PAGES
SECTION A - REQUEST FOR TEST					
2. FROM: <i>(Include ZIP Code)</i>			1. TO: <i>(Include ZIP Code)</i>		
3. PRIME CONTRACTOR AND ADDRESS <i>(Include ZIP Code)</i> CONTRACT NUMBER			4. MANUFACTURING PLANT NAME AND ADDRESS <i>(Include ZIP Code)</i> P.O. NUMBER		
5. END ITEM AND/OR PROJECT		6. SAMPLE NUMBER	7. REASON FOR SUBMITTAL		8. DATE SUBMITTED <i>(YYYYMMDD)</i>
9. MATERIAL TO BE TESTED	10. QUANTITY SUBMITTED	11. QUANTITY REPRESENTED	12. SPEC. & AMEND AND/OR DRAWING NO. & REV. FOR SAMPLE & DATE		
13. PURCHASED FROM OR SOURCE		14. SHIPMENT METHOD	15. DATE SAMPLED AND SUBMITTED BY		
16. NSN		17. PART NUMBER		18. LOT/BATCH NUMBER	
19. DATE OF MANUFACTURE <i>(YYYYMMDD)</i>		20. ENGINEERING AUTHORITY		21. MQCSS/QSL REVIEW <input type="checkbox"/>	
22. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS.					
23. SEND REPORT OF TEST TO					
SECTION B - RESULTS OF TEST <i>(Continue on plain white paper if more space is required)</i>					
1. DATE SAMPLE RECEIVED <i>(YYYYMMDD)</i>		2. DATE RESULTS REPORTED <i>(YYYYMMDD)</i>		3. LAB REPORT NUMBER	
4. TEST PERFORMED	RESULTS OF TEST	SAMPLE RESULT	REQUIREMENTS		
DATE <i>(YYYYMMDD)</i>	TYPED NAME AND TITLE OF PERSON CONDUCTING TEST			SIGNATURE	