4800 James Savage Rd.
Midland, MI 48642 USA
Telephone: 989-496-2301

Website: www.savantlab.com
Email: savant@savantgroup.com

Lab Test Authorization Form

Name(s):

Email report(s) to:

Company Name & Address:

Send Invoice to:

Telephone

Type of Payment: ☐ Purchase Order # _____ ☐ Credit Card (Form provided upon request.)

Type of Service:
☐ Standard 10 business days, unless test requires longer*
☐ Expedited 5 business days (30% Surcharge) ☐ Rush 3 business days (50% Surcharge)
☐ 24-Hour turnaround (100% Surcharge)

*Standard service applies if none is indicated.

Packaging instructions: Please place a completed copy of this form and safety datasheet(s) in the box with the sample(s).

Special Instructions:

#	Customer Sample ID	Test Method	Test Method	Test Method	Test Method	Test Method
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

For Terms and Conditions please visit www.savantlab.com/wp-content/uploads/2025/09/Savant-Labs-TC-.pdf