

Request for Laboratory Evaluation of a Marketed Sanitizer

Name of Product:	
Manufacturer:	
Address:	
Billing Address:	
Purchase Order Number:	
Contact Person:	
Phone Number:	
Test cost is \$575	

I understand that submission of this signed form will authorize the Wisconsin Division of Health to collect a representative sample and submit it to the Wisconsin State Laboratory of Hygiene. I authorize the Wisconsin State Laboratory of Hygiene to perform the indicated analysis and bill me for payment.

Authorizing Signature: _____

Date: _____

