



Ara Testing Labs Forms
Department: Business Office

Sample Analysis Request Form

Send Sample(s) to: Ara Testing Labs
3378 S. Scenic Ave. Suite B
Springfield, MO 65807

Company Name:			
Address:			
Main Contact:			
Phone:			
PO #:			
Re-Test:	Yes	No	Stability: Yes No Project:

Reports to:	Invoices to:

Sample ID	Lot Number	TAT	Testing Required	Spec/Expected Level	Probiotic (Y/N) & Type of Material
Special Notes:			Storage Conditions:		

Submission of this form agrees to the use of a simple decision rule.

Date Received:		Sample Condition:		Initials:		Expected Due Date:		Notes:	
Form Number Ara-500-091 F1	Version Number 2.0	Date Effective 5/1/2024	Page 1 of 1	Date of Last Revision 12/12/2024	Prepared By Ansley Bax	Date	Approved By Tommy Geisendorfer	Date	