



**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

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

<b>Reports to:</b>

<b>Invoices to:</b>

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.

**Submit**

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