

(If filling out electronically, **tab** to move to next cell.)

Report To Be Issued To	Billing Information (If different from Report Issued To)
Company: Gunster, Yoakley & Stewart, PA	Company:
Contact: Gregory M Munson	Contact:
Address: 215 South Monroe Street, Suite 601	Address:
Phone #: 850-521-1980	Phone #:
Fax #: 850-576-0902	Fax #:
Email: Gmunson@gunster.com	Email:

Purchase Order #:	Quote #:
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Specify Standard/Test Method or Description of Desired Assessment Below (Note: Unless otherwise specified, standards testing will be to the current/latest-available standard/test method.)
ASTM F739 Permeation Resistance

Sample Description			ICS Use Only	
Model / Part Number	Description	Qty.	Checked By	ICS ID #
6355	Life Guard Disposable Nitrile Exam Gloves	5 pr	<i>[Signature]</i>	
	Medium	1 box	(100)	
	XL	1 box	(100)	

Processing Timetable:	<input checked="" type="checkbox"/> Standard (Default)	<input type="checkbox"/> Expedited/STAT (50% upcharge)
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Report Format:	<input type="checkbox"/> Email PDF & Send Paper Report	<input checked="" type="checkbox"/> Email PDF Only (Default)	<input type="checkbox"/> Paper Report Only
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Sample Disposition:	<input checked="" type="checkbox"/> Discard 30 days after completion of testing (Default).	<input type="checkbox"/> Return 30 days after completion	<input type="checkbox"/> Return immediately upon test completion
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Special Safety Precautions:	<input type="checkbox"/> None	<input type="checkbox"/> SDS attached	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____
Federal law requires disclosure of any available information. Attach memoranda/instruction as necessary.				

Client Authorized Signature:	Date: 2/6/24
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**All Work Subject to ICS Standard Terms and Conditions.**

FOR LABORATORY USE ONLY			
GR No. <i>022304-02</i>	Logged by: <i>VP</i>	Job Approved by: <i>[Signature]</i>	Job Number: <i>T1889301</i>

1072 Industrial Parkway, Brunswick, Ohio 44212 TEL: 330-220-0515 FAX: 330-220-0516 Email: info@icslabs.com