



Worldwide Leaders in In Vitro Spectroscopy

SAMPLE SUBMISSION FORM (1) Please complete all required fields of this form.
(2) Save a copy of completed form on your computer (*if you don't save the PDF, you will lose everything you typed into the form*). (3) Please fill out and enclose a copy of this form for each of your test samples, including a formula reference number or unique identifier.

Client Information

DATE _____

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ E-MAIL _____

Sample Information

SAMPLE FORMULA/LOT# _____

NUMBER OF SAMPLES _____

PROJECTED SPF _____

Select Desired Testing (*Normal Turnaround is 2 weeks after submission.*)

SPF (Static) WATER RESISTANCE (80 min)

SPF Results

E-MAIL ADDITIONAL COPY OF RESULTS TO:

NAME _____

EMAIL _____

Billing Information

For Credit Card orders – after your sample submission is reviewed/approved, we will email an electronic invoice via Quickbooks that can be securely paid online.

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ FAX _____ E-MAIL _____

Please remember to: (1) complete this form and email it to info@ims-usa.com and (2) enclose a copy of this form with the samples and ship to our testing facility at the address below.