

REQUEST FOR LABORATORY ANALYSIS
OREGON DEPARTMENT OF AGRICULTURE EXPORT SERVICE CENTER
 (INCLUDE A SEPARATE REQUEST FORM FOR EACH SAMPLE)

Please complete this form when submitting samples for analysis for product evaluation or certification testing under official laboratory programs. Be specific and as complete as possible. The information you provide is applied to the Certificate of Laboratory Analysis. Test methods chosen are those used in country, if practicable, or from a recognized source such as AOAC International which is equivalent or better.

Agreement for testing to commence.

Results will be shared with requesting company ONLY, unless instructed otherwise in comments section.

Requesting Company/Organization

****Signature of Requestor:**

Country For Product Export:

Company Name:

Address:

City:

State/Province:

Country:

Zip/Postal Code:

Contact Person:

E-mail Address:

Phone Number:

Fax Number:

Product Description:

Brand:

(35 characters only)

Container Size(s):

Production Code:

Expiration Date:

Lot Number:

Description of Lot:

(20 characters only)

Samples Collected By:

Date Collected:

Company/Organization to be Billed

Company Name:

Address:

City:

State/Province:

Country:

Zip/Postal Code:

Contact Person:

E-mail Address:

Phone Number:

Fax Number:

Purchase Order Number (if applicable):

Credit Card Authorization Form Needed: Yes

Manufacturer of Product

Company Name:

Address:

City:

State/Province:

Country:

Zip/Postal Code:

Contact Person:

E-mail Address:

Phone Number:

FAX Number:

Analyses/Test Profiles Requested:

Send Certificates via Email (limit 2): Yes

Send Certificates UPS Overnight (\$25): Yes

Email Address 1 (please print):

Email Address 2 (please print):

Other Comments:

Contact Information:

Phone: (503) 872-6630

Email: esc-info@oda.state.or.us

Send Samples To:

**Oregon Department of Agriculture
 Export Service Center, Laboratory Services
 1207 NW Naito Parkway, Suite 204
 Portland, OR 97209-2835**

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This Page is only necessary for products being exported into KOREA,
AND traveling to Korea with shipment.

Korean Importing Company/Organization

Company Name:

Address:

City:

State/Province:

Country:

Zip/Postal Code:

Contact Person:

E-mail Address:

Phone Number:

Fax Number:

Other Required Information

Shipping Method (Sea/Air):

Shipping City/Port:

Quantity Imported (Kg):

Packing Unit:

Manufacture Number:

Date of Manufacture:

*Official Korean certificates must have both pages of form completed.
Certificates will not be issued unless form is complete.*