



# IVS Labs TIMBER TESTING REQUEST FORM

Please complete information below and include this form with your samples.

## COMPANY INFORMATION

Requester:

Address:

Telephone:  Mobile:

Email:

## INVOICING DETAILS

Company/name to be invoiced and invoicing address (if different to above):

## TESTING REQUIREMENTS

Preservative test required (state):

Description of source product/structure:

Sample type (cross section, boring, etc):

Number of samples submitted:

Sample ID (state identifier on sample or sample bag):

1	2	3	4	5	6	7	8	9	10
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Additional information:

Signed / Name:

Date:

Please submit via email to: [tim.evans@ivsltd.com.au](mailto:tim.evans@ivsltd.com.au) and [treatment@ivs.co.nz](mailto:treatment@ivs.co.nz)  
Address: RTH Scientific Services, 7/5 Belconnen Crescent, Brendale, Queensland 4500