

## Sample Information Form

# Holmes Laboratory, Inc.

3559 US RT. 62, Millersburg, Ohio 44654-8834

Phone: (330) 893-2933 or (330) 893-1326

Website: [www.holmeslab.com](http://www.holmeslab.com)

Email: [holmeslabinfo@wifi7.com](mailto:holmeslabinfo@wifi7.com)

### Mailing Address:

**US Mail**  
P. O. Box 204  
Winesburg, OH 44690-0204

or

**UPS/FedEx**  
3559 US Rt. 62  
Millersburg, OH 44654-8834

(Please complete and submit with samples)  
(Please Print)

Submitted by and send reports to:

Send Copy to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

☐ Email

☐ Fax

☐ US Mail

Please mark an X in the  
box(es) that indicates your  
choice for receiving the  
test results.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

☐ Email

☐ Fax

☐ US Mail

Please mark an X in the  
box(es) that indicates how  
they would like to receive  
a copy of the test results.

SAMPLE DESCRIPTION	TEST DESIRED	COST
#1		
#2		
#3		
#4		

TOTAL \_\_\_\_\_

To avoid delays, please enclose check, money order, or credit card information for VISA or MASTERCARD.  
Payable to: HOLMES LABORATORY, INC.

Credit Card Number: (Visa, MasterCard, Discover, Am. Exp.) \_\_ VISA \_\_ MASTERCARD \_\_ DIS. \_\_ AM.EX

Exp. Date \_\_\_\_\_ Number on back of Card \_\_\_\_\_ Signature \_\_\_\_\_

Amount \$ \_\_\_\_\_