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McAfee Consulting LLC

SAMPLE TESTING REQUEST

Date: ____ / ____ / ____

Name: _____

Company: _____

Address: _____

City: _____ State _____ Zip _____

Country: _____

Email Address: _____

Phone: _____ Fax: _____

Purchase Order Number: _____

Sample Description:



Testing required and/or description of the problem:

Preferred method of receiving test results:

- USPS Email Phone Fax

Ship all samples to: McAfee Consulting LLC
1016 Kennedale Sublett Road
Kennedale, TX 76060 USA