



TEXAS TECH UNIVERSITY

Fiber & Biopolymer Research Institute™

Request for Testing

Date:

Company:

Person requesting Testing:

Number of Samples submitted:

Kind of Testing requested:

HVI 1,2,2

HVI 2,2,4

HVI 4,4,10

AFIS 3 Reps

AFIS 5 Reps

**Please remember no staples,
rubberbands, tape or plastic
bags.**

Send results to:

(E-mail)

Bill To:

PO Number:

Name of Person dropping off samples
