



LEAP Testing Service

Sample Submission Form

Contact (Report will be sent to)

Billing (Invoice will be sent to)

☐ Same as Contact

Name:	Name:
Company:	Company:
Address:	Address:
Address:	Address:
City: State:	City: State:
Country: Zip:	Country: Zip:
Phone:	Phone:
Email:	Email:

PO No: _____

Additional Contact(s) (Report will also be sent to)

Name:	Name:
Company:	Company:
Address:	Address:
Address:	Address:
City: State:	City: State:
Country: Zip:	Country: Zip:
Phone:	Phone:
Email:	Email:

Report Format:

- ☐ Electronic
☐ Hard Copy (fee applies)
☐ Express Mail
☐ Separate Certificates for each sample (fee applies)

Sample Storage:

- ☐ Room Temp
☐ Refrigerate
☐ Store Frozen

Sample Disposition:

- ☐ Discard
☐ Return

Tracking # _____

Special Instructions: _____

Signature: _____

Date: _____

Send Sample Submission Form and Test Samples to:

LEAP Testing Service • Donald Guthrie Foundation • 1 Guthrie Square • Sayre, PA 18840 • 570.887.4645
LTS@guthrie.org • www.guthrie.org/leap

Tests offered and abbreviations: (-xx means LTS is performing the most current version of the test)

Test/Identifier	Name of Test offered	Abbreviation
ASTM D5712-xx	Lowry w/background subtraction	LW b/s
ASTM D6124-xx	Powder	PW
ASTM D6499-xx	Inhibition ELISA	IE
ASTM D7558-xx	Chemical Sensitivity	CS
ASTM D8238-xx	Guayule ELISA	GE

Example of sample submission:

No.	LTS #	Sample Description	Test(s)
1		(Type in description here:)	LW b/s, IE
2		A-Okay Exam Glove, Powdered, Sz 8, Lot# 456789	PW

Sample Submission: (Use the example of the sample submission from above as a guide to help you fill out the fields of sample submission form below.)

No.	LTS #	Sample Description	Test(s)
1			
2			
3			
4			
5			
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7			
8			
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