



Lab Request Form

Company Name: _____ Phone Number: _____

Name of Requestor: _____ Title: _____

Billing Address: _____

Lab Information

Lab Date: _____ Start Time: _____ End Time: _____ Set-up Time: _____

Total No. of Stations: _____ Total No. of Attendees: _____

Service and Equipment Needs

Conference Room: Y / N Video Conferencing: Y / N

Teleconferencing: Y / N Video/Camera Y / N

C-Arm Y / N

Catering: Quantity Y / N Circle one: Breakfast / Lunch / Dinner Quantity: _____

Please Describe: _____

Transportation service: Y / N

Please Describe: _____

Specimen Information

Specimen provider: COBRA / Customer

If Customer, please provide the following information: Arrival Date & Time: _____

Specimen Supplier: _____ Shipping Service: _____

COBRA Supplied Specimen

Knee: _____ Shoulder: _____ Hip: _____ Ankle: _____

Describe Each Specimen: _____

Describe Each Specimen: _____

Special Instructions: _____

Please submit any event materials (agenda, registration list, etc) at least 48 hours prior to the event
Allow 2 business days for a confirmation and quote

Signature: _____

Date: _____