



PESTICIDE RESIDUE CHECK SAMPLE PROGRAM

State of Wisconsin
Department of Agriculture, Trade and Consumer Protection
Bureau of Laboratory Services
4702 University Ave
P.O. Box 7883
Madison, WI 53707-7883

(608) 267-3500
(608) 266-1560 FAX

ORDER FORM FOR SETS TO BE DELIVERED IN JANUARY 2008 and OCTOBER 2008

Shipping Information

Attention: _____

Street Address Information:

Phone: _____

Fax: _____

Email: _____

Summary Report:

Attention: _____

Mail-To Address:

Billing Information

Attention: _____

Bill-To Address Information:

Phone: _____

Fax: _____

If you need a specific Purchase
Order Number referenced when
billed please indicate the number
here _____

**An invoice will be sent after
shipment of the January sample
set. We do not accept credit cards.
Our FEIN Number is 39-6006422**

To Order:

Mail the form to us in the envelope
provided, or, FAX the form to us at
(608) 266-1560.

Return the form to us by
December 28, 2007.