

SUPPLEMENT INTAKE FORM

COMPANY INFORMATION

Name of Company: _____

Contact Name: _____

Title: _____

Contact Phone: _____

Email: _____

PRODUCT INFORMATION

Product Name: _____

Manufacturer: _____

Lot Number: _____

Exp. Date: _____

Mfg Date: _____

Number of Containers Provided: _____

Amount Provided (Approximate): _____

Circle One: Container Opened or Sealed

Substance(s) To Test For: _____

Please mail product to:

KorvaLabs, Inc.

430 S. Cataract Ave., San Dimas, CA 91773

For Internal Use

Received By: _____

Lab Code: _____