

SUPPLEMENT INTAKE FORM

DATE: ____ / ____ / ____

COMPANY INFORMATION

COMPANY NAME _____ COMPANY ADDRESS _____

CONTACT NAME _____ CITY _____ STATE _____ ZIP CODE _____

() _____

CONTACT PHONE _____ CONTACT EMAIL _____

PRODUCT INFORMATION

PRODUCT NAME _____ MANUFACTURER NAME _____

LOT NUMBER _____ EXP. DATE ____ / ____ / ____ MFG. DATE ____ / ____ / ____

NO. OF CONTAINERS _____ AMOUNT PROVIDED _____ UNITS _____ CONTAINER: OPENED SEALED

BILLING INFORMATION

INVOICE CREDIT CARD EMAIL NEEDED FOR CREDIT CARD CHARGES. CHECK ENCLOSED WIRE TRANSFER

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT EMAIL _____

SAME AS COMPANY INFORMATION

MAKE CHECK PAYABLE TO:
KORVALABS, INC.
430 S. CATARACT AVE.
SAN DIMAS, CA 91773

BANK NAME: CHASE SOUTH PASADENA CA2-4237
ADDRESS: 1305 FAIR OAKS AVE.,
SOUTH PASADENA CA 91030
ACCOUNT HOLDER: KORVALABS, INC
ROUTING NUMBER: 322271627
ACCOUNT NUMBER: 670285092
SWIFT: CHASUS33

TESTING REQUEST

<input type="radio"/> WADA CONTROLLED SUBSTANCES SUPPLEMENT SCREEN	<input type="radio"/> COCAINE	<input type="radio"/> IBUTAMOREN	<input type="radio"/> OPIOIDS
<input type="radio"/> WADA CONTROLLED SUBSTANCES URINE SCREEN	<input type="radio"/> DHEA	<input type="radio"/> IPAMORELIN	<input type="radio"/> OSTARINE
<input type="radio"/> ANDOGENOUS STEROIDS	<input type="radio"/> DROSTANOLONE	<input type="radio"/> LETROZOLE	<input type="radio"/> STANZOZOLOL
<input type="radio"/> BOLDENONE	<input type="radio"/> GHRP-2	<input type="radio"/> LGD 4033	<input type="radio"/> TESTOSTERONE & DERIVATIVES
<input type="radio"/> BOLDIONE	<input type="radio"/> GW-501516	<input type="radio"/> MELDONIUM	<input type="radio"/> TRENBOLONE
<input type="radio"/> CANNABINOIDS	<input type="radio"/> HEPTAMINOL	<input type="radio"/> METHAMPHETAMINE	<input type="radio"/> TRIAMTERENE
<input type="radio"/> CLENBUTEROL	<input type="radio"/> HIGENAMINE	<input type="radio"/> METHYLHEXANAMINE	<input type="radio"/> TURINABOL
<input type="radio"/> CLOMIPHENE	<input type="radio"/> HYDROCHLOROTHIAZIDE	<input type="radio"/> NANDROLONE	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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SHIP TO

STEP 1 COMPLETE ONE FORM PER SAMPLE

STEP 2 MAKE SURE EACH BOTTLE, CONTAINER OR BAG IS CLOSED PROPERLY IF THE PRODUCT HAS BEEN USED.

STEP 3 IF THE SAMPLE IS NOT IN THE ORIGINAL CONTAINER, PLEASE CLEARLY LABEL THE NEW CONTAINER THE NAME OF THE PRODUCT AND EXPIRATION DATE. ORIGINAL CONTAINER ALWAYS PREFERRED.

STEP 4 IN THE SHIPPING BOX, INCLUDE ONE COMPLETED FORM PER SAMPLE. MAKE SURE ALL SAMPLES ARE CLOSED PROPERLY TO AVOID LEAKAGE.

STEP 5 SHIP WITH TRACKING VIA COMMON COURIER TO:
KORVALABS, INC.
430 S. CATARACT AVE.
SAN DIMAS, CA 91773

DATE / TIME RECEIVED IN LAB

INITIALS

CONDITION OF SAMPLE AND/OR COMMENTS:

CONTAINER: OPENED SEALED

LAB USE