



Release of Results to Accreditation Body

*This form must be completed **by your laboratory's designated quality assurance individual** and received by the answer submission deadline for the test distribution. Only the results associated with the test distribution and test number specified on this form will be released.*

Test Distribution: _____
Select the test distribution from the drop down list above:

Test Number: _____
Enter the test number listed on the front of the test packet.

Select your laboratory's accreditation body:

ASCLD/LAB Legacy Certificate Number: _____

ASCLD/LAB International Certificate Number: _____

ANSI-ASQ NAB/FQS Certificate Number: _____

Laboratory Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code _____

Signature: _____

Printed name: _____

Title: _____

Date: _____

This form can be completed and either electronically signed or printed and signed, then emailed to results@forensicassurance.com.