



Print this form and provide the required information to submit your request to perform a lab analysis of your product.

Date of Loss: \_\_\_\_\_ Claim or File #: \_\_\_\_\_

Type of Loss & Appliance Involved: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Loss Location: \_\_\_\_\_

Your contact information:

Name:	_____
Company Name:	_____
Phone Number:	_____ (o) _____ (m) _____
Email Address:	_____

Additional Information:  
*(Who was home at the time of loss, what was observed, how old is the appliance, is there an extended warranty, what is the service history, are there photographs following the loss?)*

Indicate your preference for shipping arrangements (to and from PTI):

- My company will arrange for shipping and pay all associated costs       PTI will arrange for shipping and bill for all associated costs

*Evidence storage is available for a nominal fee.*       I would be interested in evidence storage

This form may be returned to us via email to: [appliances@ptiforensic.com](mailto:appliances@ptiforensic.com), via fax @ 877-612-6878 or through US Mail to: 4 Kovach Drive, Suite 460, Cincinnati, OH 45215. If you have any questions or wish to discuss your loss with us directly, contact us either by phone 800-377-1352 or email to [appliances@ptiforensic.com](mailto:appliances@ptiforensic.com).

\* Email any relevant photos