



SAMPLE SUBMITTAL FORM

Send Results to:

Attn. _____
 Company _____
 Address _____

 Email _____

Date Sample Shipped _____
 Purchase Order Number _____
 Account Number _____
 Contact Name _____
 Sample Lot # _____

Send Invoice to: *(if different)*

Attn. _____
 Company _____
 Address _____

 Email _____

Total Sample (s) Submitted _____
 Sample Storage Condition:
 () Room Temperature
 () Refrigerated
 () Freezer

For Lab Use Only Job Order# _____ Client Account# _____ Date Sample Received _____

Sample #	Sample Description	Analysis Required	Expected Result

Special Instructions _____

Approved by: Name _____ Signature _____ Date _____

Turnaround Time (circle one): Standard 7-10 day Rush 1-2 day (100% surcharge) 3-4 day (50% surcharge)

Please Email Results: Yes No Mail Results ASAP: Yes No