



Title: **SAMPLE SUBMISSION FORM**
ANALYTICAL LABORATORY

No.: **R&D-81016.02**

Version: **01**

Effective: **04/23/2013**

<p>QUOTE NO.: _____</p> <p>COMPANY: _____</p> <p>ADDRESS: _____ _____ _____</p> <p>PHONE: _____</p> <p>FAX: _____</p> <p>EMAIL: _____</p> <p>BILLING ADDRESS (IF DIFFERENT): _____ _____</p>	<p>PO NO.: _____ QUOTE NO.: _____</p> <p>STORAGE CONDITIONS REQUIRED:</p> <p>15° TO 30°C: 2° TO 8°C: -10° TO -25°C:</p> <p>OTHER: _____</p> <p>PLEASE INITIAL IF SPECIAL HANDLING IS REQUIRED NOTE: MUST HAVE PRIOR LAB APPROVAL</p> <p>2 – 3 DAYS (+100% Fee): <input type="checkbox"/> 4 – 7 DAYS (+75% Fee): <input type="checkbox"/> 24-HOUR/SATURDAY/HOLIDAY SERVICE (PLEASE CALL)</p>
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Please use one line per sample; use additional forms as necessary. An MSDS is required

Sample Description	Lot Number (and any additional information required in the analysis report)	Analysis Requested/ Specifications	# of Samples	LAB USE ONLY CONDITION	LAB USE ONLY SAMPLE ID.
				GOOD <input type="checkbox"/> DAMAGED <input type="checkbox"/>	
				GOOD <input type="checkbox"/> DAMAGED <input type="checkbox"/>	
				GOOD <input type="checkbox"/> DAMAGED <input type="checkbox"/>	
				GOOD <input type="checkbox"/> DAMAGED <input type="checkbox"/>	
				GOOD <input type="checkbox"/> DAMAGED <input type="checkbox"/>	

Disclaimer: Samples will be disposed 30 days after analysis completion unless otherwise requested.

RECEIVED BY:	RECEIVED Date:
Client/ Vendor # :	