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| QUOTE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BILLING ADDRESS (IF DIFFERENT):  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  PO NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_ QUOTE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_STORAGE CONDITIONS REQUIRED:15° TO 30°C: 2° TO 8°C: -10° TO -25°C:OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE INITIAL IF SPECIAL HANDELING IS REQUIRED**NOTE: MUST HAVE PRIOR LAB APPROVAL**2 – 3 DAYS (+100% Fee): [ ]  4 – 7 DAYS (+75% Fee): [ ] 24-HOUR/SATURDAY/HOLIDAY SERVICE (PLEASE CALL) |

Please use one line per sample; use additional forms as necessary. An MSDS is required

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| Sample Description | Lot Number(and any additional informationrequired in the analysis report) | AnalysisRequested/Specifications | # ofSamples | **LAB USE ONLY****CONDITION** | **LAB USE ONLY****SAMPLE ID.**  |
|  |  |  |  | GOOD [ ]  DAMAGED [ ]  |  |
|  |  |  |  | GOOD [ ]  DAMAGED [ ]  |  |
|  |  |  |  | GOOD [ ]  DAMAGED [ ]  |  |
|  |  |  |  | GOOD [ ]  DAMAGED [ ]  |  |
|  |  |  |  | GOOD [ ]  DAMAGED [ ]  |  |

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

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| RECEIVED BY: | RECEIVED Date: |
| Client/ Vendor # : |