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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 information  required in the analysis report) | Analysis  Requested/  Specifications | # of  Samples | **LAB USE ONLY**  **CONDITION** | **LAB USE ONLY**  **SAMPLE ID.** |
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**Disclaimer**: Samples will be disposed 30 days after analysis completion unless otherwise requested.

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