

Title: SAMPLE SUBMISSION FORM ANALYTICAL LABORATORY

No.: **R&D-81016.02** Version: **01** Effective: **04/23/2013**

QUOTE NO.:			PO NO.:	NO.: QUOTE NO.:	
COMPANY:		STORAGE CONDITIONS REQUIRED:			
ADDRESS:			15° TO 30°C:	2° TO 8°C:	-10° TO -25°C:
			OTHER:		
PHONE:			DI FACE INIT		LINO IS DECLUDED
FAX:			PLEASE INITIAL IF SPECIAL HANDELING IS REQUIRED NOTE: MUST HAVE PRIOR LAB APPROVAL		
EMAIL:		2 – 3 DAYS (+100% Fee): \Box 4 – 7 DAYS (+75% Fee): \Box 24-HOUR/SATURDAY/HOLIDAY SERVICE (PLEASE CALL)			
BILLING ADDRESS	(IF DIFFERENT):		24-HOUR/SA	TURDAY/HULIDAY SE	ERVICE (PLEASE CALL)
Please use one line p	per sample; use additional forms a	T	<u> </u>	a	LAB USE ONLY
Sample Description	Lot Number (and any additional information required in the analysis report)	Analysis Requested/ Specifications	# of Sampl	LAB USE ONLY	LAB USE ONLY SAMPLE ID.
	required in the analysis report)	Specifications		CONDITION	
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				GOOD	
Disclaimer: Samp	les will be disposed 30 days aft	er analysis con	npletion unless	GOOD	ed.
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	les will be disposed 30 days aft	er analysis con		GOOD	ed.

Page: **1 of 1**