eurofins

CENTRAL ANALYTICAL LABORATORIES

Certified and Accredited Analytical Services

ANALYSIS REQUEST

FRM-09.2.02 Version No. 2
Effective Date. 10/19/2009
QA Approval

Report Results To

Company:
Contact Name:
Address:

Phone:
Fax:
E-mail:

Send Invoice To:

Contact Name:
Address:

Phone:
Purchase Order Number:

Enclose with samples and ship to:

Eurofins Central Analytical Laboratories
2315 N. Causeway Blvd. Suite 150
Metairie, LA 70001
Phone: (504) 297-3400
Fax: (504) 297-3410
FDA Food Facility Reg.# 10176688330

For CAL use only:

Date/Time Received:
CSR Received by:
Courier:

Turnaround Time: 10 working days is standard for most tests. A "RUSH" turn is usually available, but is subject to priority charges. You will need to call and confirm the corresponding fees.

Date needed:

Special Instructions:

Sample Description	Sample Date/Time	No. of Containers	Analysis Requested	CAL Lab ID No.