

CLIENT INFORMATION		
Company Name: _____	Report to: _____	
Address: _____	Phone: _____	PO#: _____
City/St/Zip: _____	Fax: _____	Quote# _____

SAMPLE INFORMATION				
Internal Sample #	Sample Identification	Lot#	Analysis Requested	Label Claim/ Expected Concentration *

** Failure to provide this data may cause delay of analysis.*

SAMPLE HANDLING	
<i>Storage Temperature:</i> <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freezer	<input type="checkbox"/> Return unused sample (see Handling fees). <input type="checkbox"/> Dispose of sample. <input type="checkbox"/> Retain Sample for > 30 days (see Storage fees). <input type="checkbox"/> Legal

SERVICES / RESULTS	
<i>Turn-Around-Time</i> <input type="checkbox"/> NORMAL TAT (5-10 working days) RUSH**: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3-4 day <input type="checkbox"/> 5 day	<input type="checkbox"/> cGMP Documentation (20% surcharge) <input type="checkbox"/> Separate report for each sample <input type="checkbox"/> Fax results
** ALL RUSH services must be pre-approved by lab**	

SAMPLE SUBMITTED BY:	
Name: _____	Date: _____ Time: _____ Shipped Via _____

RECEIVED IN LAB BY:	
Name: _____	Date: _____ Time: _____ Shipped Via _____

SPECIAL INSTRUCTIONS (CLIENT)

LAB NOTES:
