

Sample Submission Form

Date: _____ Authorized By: _____ PO #: _____

SEND REPORT TO:

Name: _____ Company: _____

Street Address, City, State ZIP: _____

Phone #: _____ Email: _____

For changes to billing, please contact us at clientservices.east@analyticalgroup.com.

| PRODUCT NAME | LOT NUMBER | SAMPLE QTY | TEST DESCRIPTION | TEST SPECIFICATION | CLIENT SOP (if applicable) |
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 Is this a controlled substance? Yes No Category: _____

 Sample Storage Conditions: Ambient 2-8° Frozen

Sample Handling Instructions (hazardous, flammable, light sensitive, etc.)

Comments:

FOR ALG USE ONLY

Samples Received By: _____

Project #: _____ Date Received: _____