

Test Sample Submission Form

Fields marked with an asterisk are required. If a field is not applicable to your request, please mark "N/A" in the field.

Date* Authorized By* Quote/Protocol #*

Company*

Street Address, City, State ZIP*

Phone #*

Email*

Test Substance Type*

Product Description*

If Other, please list:

If Other, please list:

Approximate Test Substance Concentration*
(upon submission to Analytical Lab Group)

This value is used for neutralization planning only. This value is not intended to represent characterization values.

Name & Lot/Batch #
(exactly how it should appear in final report)

TEST SUBSTANCE NAME	LOT/BATCH #	MANUFACTURE DATE *	EXPIRATION DATE *
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Storage Conditions*

Hazards*

If Other, please list:

If Other, please list:

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Test Sample Submission Form, cont.

Fields marked with an asterisk are required. If a field is not applicable to your request, please mark "N/A" in the field.

Comments

Final Disposition*[‡]

Return Address / Email Address / Phone*

FedEx Account #:

SHIPPING INSTRUCTIONS FOR RETURN PRODUCTS

Shipping Priority*

Value Declaration*

Insurance Requested: Yes No

Special Shipping Instructions*

[‡]Test substance samples that have not been used in testing for more than 60 days beyond the completion date of the most recent final report will be disposed of or returned per Sponsor instructions as indicated above. Please contact Analytical Lab Group-Midwest if you need the sample returned before the 60-day storage period, or if you would like to request additional storage time for the samples.

Sponsor/Representative Authorization*

Date*

SHIP TO:

Analytical Lab Group
 ATTN: Log-In
 1285 Corporate Center Drive
 Suite 110
 Eagan, MN 55121

**Return form by email, and/or include with
 Test Substance shipment.**
 client.services@analyticallabgroup.com

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