



A Laboratory Services Company

Sample Submission Form

Customer Information

Company Name and Address: _____

Sender: _____

Telephone: _____

Fax: _____

Email: _____

Date Submitted: _____

Sample Information

Product Name	Lot Number	Analyses or Test Requested	Specification Limits

Turnaround Time Requested Routine _____

Rush _____

Safety Information (must complete)

Is special handling needed? (Example is the sample light sensitive, carcinogenic) Yes ___ No ___

If Yes, describe _____

For Colmaric Analyticals Use

Sample Received by _____

Date _____

Condition of Sample on Receipt: _____