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SAMPLE SUBMISSION FORM

Colmaric Analyticals Contact: _____

Sponsor/Client Information

Company Name: _____

Sender: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Product Name	Lot Number	Active Ingredient	Type of Test (Assay, ID, etc)	Method of Analysis (HPLC, etc)	Specification Limits

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: _____