SAMPLE SUBMISSION FORM

FORM NUMBER: (For Office Use Only)

COMPANY:

ADDRESS:

CONTACT:

PHONE:

FAX:

BILL TO:

Billing address: (If different)

☐ Raw Data Required? (Additional $100.00)

TURN- AROUND TIME

☐ Emergency
☐ Rush
☐ Standard

Rush Samples Require Prior Approval

Analysis Requested

Storage & Handling

Storage Condition:	**Special Handling:**
1) RT	1) Normal
2) Fridge (2-8°C)	2) Hazardous
3) Freezer	3) Light Sensitive
4) Other,	4) Other,
Please Specify:	Please Specify:

QCL SAMPLE ID # (For Office Use Only)	**Sample Description**	**Client's Lot #**	***For each sample, insert 'X' in the appropriate box/es for the test/s required***								***Select 1, 2, 3 or 4 for each sample***	***Select 1, 2, 3 or 4 for each sample***

QCL Client#: (For Office Use Only)

Please Reference Quote #:

General Comments:

***Use Client's Test Method/Revision#**

Sampled By: **Date:**

Provided By: **Date:**

Received By (QCL): **Date:**

Sample Disposition

☐ Return
☐ Dispose

By signing you authorize QCL to perform the specified analyses and agree to QCL's terms and conditions.

Client's Approval: **Date:**

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