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| ANALYSIS ORDER FORM | | | |
| COMPANY NAME: |  |  | INVOICING |
| CONTACT: |  | CONTACT: |  |
| ADRESS: |  | ADRESS: |  |
| CITY/ST/ZIP: |  | CITY/ST/ZIP: |  |
| TEL: |  | TEL: |  |
| EMAIL: |  | EMAIL: |  |
| EMAIL RESULTS TO: |  | | |
|  |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample /Project ID** | **Lot** | **Sample Description** | **Analysis Requested** | **Specification** | **Method Reference**  **(required methods must have lab approval)** | | | **Special Instructions\*** |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
|  |  |  |  |  |  | | □ Required  □ Suggested |  |
| \* Includes turnaround time, storage conditions or special handling instructions | | Comments: | | | | | | |
| Customer Use Only | | |  | Laboratory Use Only | | | | |
| Released by: |  | | Received by: |  | | Condition:  Good  Poor | | |
| Date: |  | | Date: |  | | Temp.: | | |