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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.: |