



# REQUEST FOR ANALYSIS SAMPLE SUBMISSION FORM

Lab Project No.(FOR LAB USE ONLY)

Page \_\_\_\_ of \_\_\_\_

<b>COMPANY:</b> _____ <b>ADDRESS:</b> _____ _____ _____ <b>EMAIL:</b> _____ <b>CONTACT:</b> _____ <b>PHONE:</b> _____ <b>FAX:</b> _____				<b>*Analyses Requested</b>								<b>*Storage/Handling</b>	
		<input type="checkbox"/> Include Raw Data (extra charge)										<b>Special Handling:</b> 1) Normal 2) Hazardous 3) Light Sensitive 4) Other, Specify in Comments	
		<input type="checkbox"/> Check here to receive results by mail										<b>Sample Storage Condition:</b> A) Room Temperature B) Refrig. (2-8°C) C) Freezer D) Other, Specify in Comments	
<b>TURN-AROUND TIME</b> <b>Rush Samples Require Prior Approval</b> <small>(Surcharges added to Quoted Price. Check only one. If none checked, Standard is used)</small>													
<input type="checkbox"/> Standard – 10 to 12 days <input type="checkbox"/> 7 Day Rush – 50% Surcharge <input type="checkbox"/> 5 Day Rush – 75% Surcharge <input type="checkbox"/> 3 Day Rush – 100% Surcharge <input type="checkbox"/> 2 Day Rush – 150% Surcharge <input type="checkbox"/> 1 Day Rush – 200% Surcharge <input type="checkbox"/> Same Rush – 300% Surcharge													
<b>BILL TO:</b> _____ <small>If different billing address, please indicate</small>		<b>Check#</b> _____											
<b>P.O. Number:</b> _____		<b>Exp Date:</b> _____											
<b>Credit Card</b> # _____ <small>Visa/MC/AMEX/Discover</small>													
<small>Please use one line per sample. Use additional forms as necessary.          AN MSDS IS REQUIRED FOR EACH SAMPLE TYPE SUBMITTED</small>													
<b>QTX SAMPLE #</b> <small>(LAB USE ONLY)</small>	<b>*Client Sample Description/ID</b>	<b>*Amount Submitted</b>	<b>*Lot/Batch #</b>	<b>*Indicate each test by 'X' to order a test for each sample</b>								<b>*A,B,C,D</b>	<b>*1,2,3,4</b>
<input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> Non-GMP/GLP <input type="checkbox"/> Other: _____				<b>*REQUIRED FIELDS MUST BE COMPLETED BEFORE TESTING CAN BEGIN.</b>								<b>Sample Disposition</b> <input type="checkbox"/> Return : UPS/FEDEX Acct #: _____ <input type="checkbox"/> Standard Disposal–30 days <input type="checkbox"/> Retain for _____ weeks	
<b>Use Client Supplied Test Method#:</b> _____				<b>Sampled By:</b> _____				<b>Date:</b> _____					
<b>General Comments:</b> _____ _____ _____				<b>Relinquished By:</b> _____				<b>Date:</b> _____					
				<b>Received By (Quantum):</b> _____				<b>Date:</b> _____					
				<b>By signing you authorize Quantum Analytics to perform the specified analyses/tests and agree to Quantum's Terms and Conditions. <u>Note samaples submitted without an accompanying signed SAMPLE SUBMISSION FORM are subject to an additional \$100.00 handling fee.</u></b>									
<b>Please list your quote number:</b> _____				<b>Customer Approval:</b> _____								<b>Date:</b> _____	