



SAMPLE SUBMISSION FORM

Please include this form with samples (please print)

Today's Date:		Name of Project:		Purchase Order number:	
Date results are required:				Price:	
COMPANY INFORMATION					
Company Name:			Contact for report:		
Phone number:		Fax number:		Email:	
Street Address:					
P.O. Box		City:		State:	
				Zip Code:	
Bill to Address if different from above:					
P.O. Box		City:		State:	
				Zip Code:	

DESCRIPTION OF WORK REQUESTED			
Sample #	Sample Material Type	Sample/Reference description (used in final report)	Objective of analysis

Comments, including special billing, safety precautions, estimated sample value:

REPORTING			
(STANDARD TURNAROUND FOR RESULTS ARE 10 WORKING DAYS AFTER RECEIPT OF SAMPLE)			
<input type="checkbox"/> No report (data only or Gamma Program reference spectra)	<input type="checkbox"/> Standard turnaround	<input type="checkbox"/> < 48 hour (50% added)	<input type="checkbox"/> < 24 hour (100% added)

DISPOSITION OF SAMPLES AFTER ANALYSIS		
(NORMAL POLICY IS TO RETAIN SAMPLES FOR 4 WEEKS IN CASE ADDITIONAL WORK IS REQUIRED, AT WHICH TIME THEY WILL BE PROPERLY DISPOSED OF)		
<input type="checkbox"/> Discard samples after 4 weeks	<input type="checkbox"/> Return Samples after analysis * Include Contact::	<input type="checkbox"/> Forward samples on to: * Include Chain of Custody Form

*extra charge

Authorization Signature: _____

Date: _____