



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 #	Name	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: _____