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SAMPLE SUBMITTAL FORM

Client Information

Send Results to		Send Invoice To	<i>(if different)</i>
Attn		Attn	
Company		Company	
Address		Address	
Tel:		Tel:	
Email Address		Email Address	
PO Number			

Sample Information

Sample Name	Code Number	Lot Number	Analysis	Spec Claim

Special Instructions

Submitted by

Name _____

Signature _____

Date _____

Turnaround Time

Standard (5 Business Days)	Expedited Test (3 Business Days)	Rush Test (2 Business Days)
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