



Sample Submission Form

Send Report to: Invoice (if other than report address)

Company Name

ATTN.

ATTN.

Phone: _____ Phone:

Fax: _____ Fax:

Product Name:

Lot # / Batch # / Control #:

Storage Conditions: () Room Temp. () Refrigerated () Light

Sensitive () () Other (specify)

Safety Precautions: () MSDS Attached () None

() Other (specify)

Sample Disposition: Discard Return

Store

Test Method _____

Specification _____

Special Instructions:

Requested By:

Date:

P.O. Number:

(PO# is required before testing is initiated)

- Please fill out the form and fax back to Dr. N. C. Saha at (732) 805-9993. Thank you..