**Lab Project No.(FOR LAB USE ONLY)**

** REQUEST FOR ANALYSIS**

| COMPANY: |  | **\*Analyses Requested** | **\*Storage/Handling** |
| --- | --- | --- | --- |
| ADDRESS: |  |  |  |  |  |  |  |  |  | **Sample Storage Condition:**A) Room Temperature B) Refrig. (2-8°C)C) Freezer D) Other, Specify in Comments | **Special Handling:** 1) Normal 2) Hazardous 3) Light Sensitive  4) Other, Specify in Comments |
|  |  | [ ]  | Include Raw Data(extra charge) |  |  |  |  |  |  |  |  |  |  |
| **EMAIL:** |       | [ ]  | Check here to receive results by mail |  |  |  |  |  |  |  |  |  |  |
| CONTACT: |  | TURN-AROUND TIME**Rush Samples Require****Prior Approval**(Surcharge added to Quoted Price. Check only  |  |  |  |  |  |  |  |  |  |  |
| PHONE: |  |  |  |  |  |  |  |  |  |  |  |  |
| FAX: |  |  |  |  |  |  |  |  |  |  |  |  |
| BILL TO:If different billingaddress, please indicate **P.O. Number:** |  |  one. If none checked, Standard is used)**[ ]** [ ] **Standard – 15 to 21 days****[ ]  7 Day Rush – 50% Surcharge****[ ]  5 Day Rush – 75% Surcharge****[ ]  3 Day Rush – 100% Surcharge****[ ]  2 Day Rush – 150% Surcharge****[ ]  1 Day Rush – 200% Surcharge**[ ] [ ]  **Same Rush – 300% Surcharge**[ ] [ ]  |  |  |  |  |  |  |  |  |  |  |
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|  |        | **Check#** |       |  |  |  |  |  |  |  |  |  |  |  |
| **Credit Card**Visa/MC/AMEX/Discover | #       |  |  |  |  |  |  |  |  |  |  |  |
|  | **Exp Date:**       |  |  |  |  |  |  |  |  |  |  |  |
| **Please use one line per sample. Use additional forms as necessary*.******AN MSDS IS REQUIRED FOR EACH SAMPLE TYPE SUBMITTED*** | **\*Indicate each test by** **'X' to order a test for each sample** | **\*A,B,C,D** | **\*1,2,3,4** |
|  **SAMPLE SEQ#****(LAB USE ONLY)** | \*Client Sample Description/ID | \*Amount Submitted | **\*Lot/Batch #** |  |  |  |
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| [ ] **cGMP** [ ]  **GLP** [ ] **Non-GMP/GLP** [ ]  **Other:** | **\*REQUIRED FIELDS MUST BE COMPLETED BEFORE TESTING CAN BEGIN.** | Sample Disposition[ ] [ ]  Return : UPS/FEDEX Acct #:  |
| **Use Client Supplied Test Method#:** | **Sampled By:** | **Date:** |        |
| General Comments:       | **Relinquished By:** | **Date:** | [ ]  Standard Disposal–30 days |
|  | **Received By (Quantum):** | **Date:** | [ ]  Retain for  weeks |
|  | **By signing you authorize Quantum Analytics to perform the specified analyses/tests and agree to Quantum's Terms and Conditions. *Note samples submitted without an accompanying signed SAMPLE SUBMISSION FORM are subject to an additional $100.00 handling fee.*** |
| **Please list your quote number:**  | **Customer Approval:**  | **Date:** |

 **SAMPLE SUBMISSION FORM Page       of       *Form SSFRA Rev 2***

 **Shipping Address: Quantum Analytics Group, Inc, 11 Deerpark Drive, Suite 104, Monmouth Junction, New Jersey 08852 USA Phone: (908) 300-8381 (800) 448-2968 Fax:; (551) 321-9405**

Form: SMP\_Rev3\_2024