**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 billing  address, 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** | | | |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | | |  | | | |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | | |  | | | |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | | |  | | | |  |  |  |  |  |  |  | |  | |  |  |
|  |  | **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 #** |  | | | | | | | | | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  | | |  | | | |  |  |  |  |  |  |  |  | |  | |  |  |
| **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