



**Colmaric Analyticals LLC**  
A Laboratory Services Company

# Sample Submission Form

Office: 727-289-4877  
3235 Unit A, Farfield Avenue, South,  
St. Petersburg, FL 33712

Chemical Testing - ISO/IEC 17025:2017 Accredited

Please Direct Inquires to  
ContactUs@ColmaricAnalyticals.com

## CUSTOMER INFORMATION

Company: \_\_\_\_\_

Results sent to Recipient Listed on file or as indicated below

Rep Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

PH: \_\_\_\_\_ Email: \_\_\_\_\_

## FOR COLMARIC ANALYTICALS USE

Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_

Condition of Sample on Receipt: \_\_\_\_\_

## SAMPLE INFORMATION

PRODUCT NAME	LOT NUMBER	TEST REQUESTED	SPECIFICATION LIMITS

### Safety Information ( Must Complete )

Is special handling needed? (Example is the sample light sensitive, carcinogenic)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

**Turn-Around Time Requested** Routine \_\_\_\_\_ Rush \_\_\_\_\_