



A Laboratory Services Company

Sample Submission Form

Colmaric Analyticals' Contact: _____

Sponsor/Client Information

Company Name and Address: _____

Sender: _____

Telephone: _____ Fax: _____

Email: _____

Date: _____

Sample Information

Product Name	Lot Number	Test Requested	Specification Limits

Turn-Around Time Requested Routine _____ Rush _____

Safety Information (must complete)

Is special handling needed? (Example is the sample light sensitive, carcinogenic) Yes ___ No ___

If Yes, describe _____

For Colmaric Analyticals Use

Sample Received by _____ Date _____

Condition of Sample on Receipt: _____