



Sample Submittal Form

Please Fill Out All Applicable Items:

Company _____

Date Submitted _____

Contact _____

Hauser Contact _____

Address _____

Turnaround Time Requested _____ **Surcharge** _____

Phone _____ Fax _____

• Standard (2 weeks or less) _____ None

• Rush (3-5 work days) _____ 50%

**Rush requires Project Manager approval. Please call 720.406.4800*

• Emergency Rush (1-2 work days) _____ 100%

**Rush requires Project Manager approval. Please call 720.406.4800*

Email _____

Invoice Address (if different from above) _____

Method of Payment: PO# _____ Check # _____ Credit Card

Storage Requirements (place X on line): _____ Room Temp. _____ Refrigerate _____ Freeze

Special Handling Instructions (place X on lines that apply): _____ N/A _____ Controlled Substance _____ Hazardous (include MSDS)

Other _____

Special Testing Instructions: _____

NOTE: All results are sent via email unless otherwise requested by client.

NOTE: Samples retained for a minimum of 30 days unless otherwise requested by client. (Microbiology samples retained for a minimum of 7 days.)

Sample Type (ex. food, solvent, powder, soil, water)	Client Sample ID / Name	Total # of Containers	Analyses Requested	Expected Concentration in Sample

Relinquished By (signature): _____ Date: _____

Relinquished By (signature): _____ Date: _____

Relinquished By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Comments: _____

Fill Out When Returning Samples to Clients

Relinquished By (signature): _____ Date: _____

Relinquished By (signature): _____ Date: _____

Relinquished By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Received By (signature): _____ Date: _____

Comments: _____