

## SAMPLE ANALYSIS REQUEST FORM

| REPORTING CONTACT            |                |                 |              |              | BILLING CONTACT              |            |       |            |     |            |       |             |            | $\bigcirc$ Same as Reportin | g Contact        |                         |  |
|------------------------------|----------------|-----------------|--------------|--------------|------------------------------|------------|-------|------------|-----|------------|-------|-------------|------------|-----------------------------|------------------|-------------------------|--|
| Company Name Cor             |                |                 | Contact Name | Contact Name |                              |            | ny Na | me         |     |            |       | Contact Nam | itact Name |                             |                  |                         |  |
| Address / City / State / Zip |                |                 |              |              | Address / City / State / Zip |            |       |            |     |            |       |             |            |                             |                  |                         |  |
| Phone Email                  |                | Shipment Method |              | Ph           | Phone                        |            |       |            |     |            | Email |             |            |                             | Purchase Order # |                         |  |
| SAMPLE DE                    | TAILS          |                 |              |              | RE                           | QUE        | STE   |            | VAL | YSIS       |       |             |            |                             |                  |                         |  |
| Special Instr                | uctions        |                 |              |              |                              |            |       |            |     |            |       |             |            |                             |                  |                         |  |
|                              |                |                 |              |              |                              |            |       |            |     |            |       |             |            |                             |                  |                         |  |
| Sample ID                    | Sample Descrip | otion           | Notes        |              |                              |            |       |            |     |            |       |             |            |                             |                  | NOTES<br>(LAB USE ONLY) |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | 0          | 0   | $\bigcirc$ | 0     |             |            |                             |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | 0          | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | $\bigcirc$ | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | $\bigcirc$ | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | $\bigcirc$ | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | 0          | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | $\bigcirc$ | 0   | $\bigcirc$ | 0     |             |            | $\circ$                     |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | $\bigcirc$ | 0   | $\bigcirc$ | 0     |             |            | )                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | 0          | 0   | $\bigcirc$ | 0     |             |            | 0                           |                  |                         |  |
|                              |                |                 |              |              | 0                            | $\bigcirc$ | 0     | 0          | 0   | $\bigcirc$ | 0     |             |            | $\circ$                     |                  |                         |  |

| RELINQUISHED BY |      |      | RECEIVED BY (LAB USE ONLY) |      |           |                 |      |          |  |  |  |
|-----------------|------|------|----------------------------|------|-----------|-----------------|------|----------|--|--|--|
| Name            | Date | Time | Date                       | Time | Temp (°C) | Cooler<br>O Yes | ○ No | Initials |  |  |  |

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