

Submission Form

Wilson Division
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GMP GLP ISO Other

Submitted By (include company name, address, contact name, phone number & email address): Check here if you want confirmation that your samples were received. <input type="checkbox"/>	Date Submitted:
	Proposal/ Quote No.:
	Payment Info./PO No.:
Report To (include company name, address, contact name, phone number & email address): Same as above <input type="checkbox"/>	
Send Report By: <input type="checkbox"/> Email/PDF (email addresses) <input type="checkbox"/> Fax (fax number) <input type="checkbox"/> Mail <input type="checkbox"/> Report cc: <input type="checkbox"/> Other	
Invoice To (include company name, address, contact name, phone number & email address): Same as above <input type="checkbox"/>	

Turn-around-time: <input type="checkbox"/> Standard (10-15 business days) <input type="checkbox"/> Rush (5 business days or less)* <input type="checkbox"/> Emergency Rush (2 business days or less)* <small>*must have prior approval from Microbac WNC. Please refer to quote for surcharge information.</small>	Raw Data Required:** <input type="checkbox"/> Y <input type="checkbox"/> N <small>**Additional charges apply</small> Sample Storage & Handling <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator (2 °C to 8 °C) <input type="checkbox"/> Freezer (-10°C to -25 °C) <input type="checkbox"/> Freezer (-80°C)	Controlled Substance: <input type="checkbox"/> Y <input type="checkbox"/> N DEA Registration No.: _____ Hazardous Information: <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Hazardous – MSDS Required Suitable for disposal in a landfill w/o treatment or special packaging <input type="checkbox"/> Y <input type="checkbox"/> N
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SIDN & WO (internal use only)	Sample Type/ Material Name (This info. will be on the CoA/report)	Customer Sample ID	Analysis & Method Requested	Reporting Criteria (LOD, specs, etc. If left blank results will be reported as found)	Sample Collection Time & Date (optional):

Additional Comments:

If data is to be used for regulatory compliance please indicate which regulatory agency.