

Quantex Laboratories, Inc.
 22 Distribution Boulevard
 Edison, New Jersey 08817 USA
 Phone: (732) 248-3335
 Facsimile: (732) 248-0912
 Email: labservices@quantexlabs.com

Quantex Laboratories

REQUEST FOR ANALYSIS SAMPLE SUBMISSION FORM

REPORT TO: _____
 COMPANY: _____
 ADDRESS: _____

 PHONE: (____) _____
 FAX: (____) _____
 EMAIL: _____
 BILLING ADDRESS (IF DIFFERENT):

P.O. NO.: _____ QUOTE NO.: _____
 DATE RESULTS REQUIRED: _____
 REPORT RESULTS: PHONE: FAX: EMAIL:

STORAGE CONDITIONS REQUIRED:
 15° to 30°C: 2° to 8°C: -10° to -25°C:
 OTHER: _____

PLEASE INITIAL IF SPECIAL HANDLING IS REQUIRED
NOTE: MUST HAVE PRIOR LAB APPROVAL
 2-3 DAYS (+100% Fee): _____ 4-7 DAYS (+75% Fee): _____
 24-HOUR/SAT/HOLIDAY SERVICE (PLEASE CALL)

IF SAMPLE IS A CONTROLLED SUBSTANCE, PLEASE
 CIRCLE CLASS: I II III IV V
 DEA REGISTRATION NO.: _____

Please use one line per sample; use additional forms as necessary. An MSDS is required for each sample type submitted.

Sample Description	Lot Number (Sample Code)	Analysis Required	Specifications	No. of Samples	<i>LAB USE ONLY</i> LAB NO.

In accordance with Quantex's SOP, clients will be billed the standard cost for all Out-of-Specification (OOS) results that are not the responsibility of Quantex Laboratories, Inc. If you do not want us to follow our retest SOP, please initial: _____

TESTING AUTHORIZED BY (please sign): _____ Date: _____
 Note: Samples submitted without an accompanying signed SAMPLE SUBMISSION FORM are subject to an additional \$100.00 handling fee.

<i>LAB USE ONLY</i>	
RECEIVED BY/DATE: _____	LOG OUT DATE: _____ INITIALS: _____
QUANTEX CLIENT NO.: _____	STORAGE CONDITION: _____
CONDITION: GOOD: <input type="checkbox"/> DAMAGED: <input type="checkbox"/>	STORAGE LOCATION: _____
REPORT NO.: _____	BOX NO: _____
REPORT DATE: _____ INITIALS: _____	