

Please send this fax to 847-376-3530.



SAMPLE SUBMISSION FORM

	(F	PLEASE INCI Please print clearly)	LUDE THIS	FORM W	TITH YOUR SAMPLE SHIPME	NI AND MSDS	INFORMAT	ION	
1. COMPANY:									
2. CONTACT:		ompany name							
3. ADDRESS		ne person authorized to	answer techni	cal questions	s and receive the final report				
		Company mailing address. This is where the final report will be sent. If applicable, please indicate billing address in the comments section below.							
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4. PHONE:		City, State Zip Country		FAX:		E-MAIL:			
						,			
5. SAMPLE IN	NFORI	MATION							
Sample Number			pe		Dispersion Type (Liquid or Dry)		Samples mit to 5 samples	Expected Results	
1.									
2.									
3.									
4.									
5.									
SAMPLE ID:									
(NOTE: Sam	may be typed	into the r	eport. P	lease verify all entries.)	LOT	#:			
***** All unused samples will be returned to customer and shipping charges will be billed collect *****									
Customer Shipping Method: Account Number to bill collect									
DATE RESULTS ARE REQUIRED:									
☐ PERFORM PARTIAL TESTING ☐ INCLUDE GRAPHICS & DATA ☐ E-MAIL PRELIMINARY RESULTS									
6. ADDITIONAL SAMPLE INFORMATION									
			Storage conditions ☐ Store samples at room temperature				Special Instructions Air sensitive		
Specific Material Information ☐ Specific method required (atta			ch) Store samples separately from other chemicals Has pro					nd sensitive t been mixed / riffled?	
☐ MSDS	is attac	ched		ther: plea	se specify in the comments se	ction below	☐ Yes [□ No	
COMMENTS: Any additional information including: customized measurement data, safety precautions, water solubility, special handling & storage, and estimated sample value (if greater than \$1000)									
		•							
			Use add	itional pa	ages as necessary and atta	ach to this forn	1		
7. AUTHOI SIGNAT	TON					DATE:			

SHIP SAMPLES TO: