

## The MicroStar Lab, LTD.

130 Erick Street • Crystal Lake, Illinois 60014 • (815)526-0954 • Fax: (815)356-7342 • www. microstarlab.com

## **SAMPLE SUBMISSION FORM**

Please complete the following information and submit this form with your sample(s)

	-				
Company			Test Requesto	ed	
Contact			# of Samples		
Street Address			Quote #		
City, State, Zip			PO #		
Phone #			Samples stored indicated here	d at room temperature ur	nless otherwise
E-mail					
	SAMDI E IDENTIFIC	ATION (this ID will be a	sed to identify samples	in the final report)	
	types separately to prelirectly, use pencil only.	event cross-contamina	tion. Label each bag wit	h sample identification. I	f you must
REPORT & INVOICE Final reports are so Additional Reports Authorized to:	ent to the e-mail addre	ss of the contact perso	n listed above in a passy Send Invoices to:	vord protected Win Zip fil	le.
Email:			Email		·
Company & Street Address			Company & Street Address		
City/Town			City/Town		
State, Zip Code			State, Zip Code		
Sample Disposit IF MATERIALS ARE TO This Sample Submiss begin. By signing be Terms and Condition requested testing ar	ion: Discard after O BE RETURNED AFTER TES  sion Form must be signed elow, the Customer and Th	testing Return STING, PLEASE PROVIDE A by the customer and ret ne MicroStar Lab, LTD. Ac ote wherein The MicroSt	Samples (decontamination COURIER NAME AND ACCOurned to MicroStar Lab, LT knowledges that they have	· · · · · · · · · · · · · · · · · · ·	fore testing can
For Internal Use Only Received By: MicroStar Lab, LTD	Date:	Project Number: Date:	Comments:		