Carolina Analytical Services, LLC

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SAMPLE SUBMISSION FORM

Send Results To:
Attn
Company:
Address:
Phone:
Fax:
E-mail:

Invoice To: (If Different)
Attn
Company:
Address:
Phone: ( )
Fax: ( )
E-mail:

Date Submitted:
P.O. #
Quote #:
CAS Contact:

Results are to be: (Check all that Apply)		
	Yes	No
FAXED		
E-MAILED		
MAILED		

CAS Laboratory # **Customer #**

CAS #	Sample Identification / Description	Analysis Requested (UNLESS PRIOR ARRANGEMENTS ARE MADE, SAMPLES ARE HELD FOR 30 DAYS ONLY)	Special Instructions

LABORATORY USE ONLY	Condition Received: *(circle all that apply)*			
Received By:	Frozen	Refrigerated	Ambient	Hot
Date:	Good	Poor	Damaged	Delayed in Shipping

Customer Release (Sign & Date)

*Please note, results are only representative of the sample submitted.

Use Additional Forms If Necessary