



17570 NC 902 Hwy
 Bear Creek NC 27207
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SAMPLE SUBMISSION FORM

Page _____ of _____

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
E-MAILED		
MAILED		

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

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

Customer Release (Sign & Date)

Please note, results are only representative of the sample submitted
 See Website for liability disclaimer.

Use Additional Forms If Necessary