

VHG Labs Analytical Services Sample Submission Form

This form and MSDS's must accompany samples submitted, whenever possible. Please fill in the information as completely as you can to ensure accurate and timely delivery of results. Payment information is needed to start job.

Company Name: _____
 Address: _____
 Address: _____
 Contact: _____
 Phone #: _____
 Fax #: _____
 E-Mail: _____

PAYMENT INFORMATION

Check # _____
 PO # _____
 CC type: _____
 CC # _____
 Expiration Date _____
 Name: _____

Date Submitted: _____ **Need Results by:** _____

Normal delivery from receipt of sample 1-2 weeks _____

Please inquire for actual turnaround time for large volumes and/or high complexity of the samples submitted.

Rush Service Upcharges*

Same Day ___ 200% Next Day ___ 100% 2 days ___ 50% 3 days ___ 25%

*Available for most services. We will contact you if we cannot meet your rush requirements.

Sample Information **# Samples** _____

Matrix: (sample type, compound name, organic, inorganic, liquid, acid matrix, etc.)

Sample Identification: (lot #s or other unique identifier)

or provide an attached PO or spreadsheet with this information.

Matrix	Sample Identification

Analysis/Test Required	Expected Conc. Range or Spec	Detection Limit Required

Special Instructions/Problems/Hazards

Sample Return Information: Bill me _____ FedEx # _____ UPS # _____

Fill in if you wish sample returned or if hazardous material