



PO#/Method of Payment (Required)	For CAL Use Only Report ID/ Initials/Date:
CAL Quote#	

**Sample Analysis Request Form**    email: doreen.heath@centricorlabs.com

**Submit Samples to: Centricor Analytical Labs, Attn: Dr. Jason Smith · 4331 Chesapeake Drive · Charlotte, NC 28216**

**SEND ANALYSIS REPORT TO:**

Name	
Company	
Division/Dept	
Address	
City, State, Zip	
Phone	
Email	
Additional Recipients:	

**SEND INVOICE TO: (If different than Analysis Report)**

Same as Mailing Address

Name	
Company	
Address	
City, State, Zip	
Phone	
Email	

**This quote must be accepted and payment arrangements must be in place prior to starting a project and releasing results.**

Turn Around Time:	<input type="checkbox"/> Standard (5-10 business days)
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*"All expedited and RUSH samples must be received with all required documentation by 12noon EST or they will be logged in the next business day"*

Expedited Service <input type="checkbox"/> 2-3 Business Days (contact Doreen Heath for Pre-Approval)	Rush Service <input type="checkbox"/> Next Business Day (contact Doreen Heath for Pre-Approval)	Approved by CAL
Sample Handling: <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-Hazardous	<input type="checkbox"/> Store Desiccator	
Store At: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freezer		
Sample Disposition: <input type="checkbox"/> Discard w/Fee <input type="checkbox"/> Return shipping label will be provided <input type="checkbox"/> Return - Shipping Acct #		

**"All samples will be held at Centricor for a minimum of 3 months unless requested to be returned in writing by the customer"**

Form: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Other	Anticipated Concentration (e.g. 100%, 5mg/mL) : _____
<input type="checkbox"/> Store in Desiccator	

**Completed form must be included in the sample shipment.**

Submitted by: (Electronic Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Submission Approved by (For CAL Use Only): \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Delivered by:	<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier <input type="checkbox"/> Client <input type="checkbox"/> Other:
Temp on Receipt: _____ ° C	<input type="checkbox"/> Ice Pack Present <input type="checkbox"/> N/A - Received Ambient
Samples Placed in Quarantine:	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigeration <input type="checkbox"/> Freezer <input type="checkbox"/> Desiccator
Samples Received By: _____	Date: _____ Time: _____
Comments:	



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**SAMPLE ANALYSIS REQUEST FORM**  
(Attachment "A")

CLIENT: \_\_\_\_\_

PROJECT INFORMATION / TITLE: (As to appear on the final report) *Required*

SAMPLE DESCRIPTION: (As it appears on the sample label) *Required*

*Client is responsible for deciding the product specific testing needed, and clearly indicating on this Analysis Request Form (SARF)*

Sample ID / Lot # <i>Enter only one Lot# per line.</i>	Qty Sample Amount <i>(Required)</i>	Testing Requested (please specify) <i>(Required)</i>	Date Received CAL Use Only	Centricor Sample Number (s) CAL Use Only

Special Instructions:



# SAMPLE ANALYSIS REQUEST FORM CONTINUED

(Attachment "A" part 2)

**PROJECT INFORMATION / TITLE:** (As to appear on the final report) *Required*

**SAMPLE DESCRIPTION:** (As it appears on the sample label) *Required*

*Client is responsible for deciding the product specific testing needed, and clearly indicating on this Analysis Request Form (SARF)*

<b>Sample ID / Lot #</b> <small>Enter only one Lot# per line.</small>	<b>Qty Sample Amount</b> <small>(Required)</small>	<b>Testing Requested (please specify)</b> <small>(Required)</small>	<b>Date Received</b> <small>CAL Use Only</small>	<b>Centricor Sample Number (s)</b> <small>CAL Use Only</small>

**Special Instructions:**