Centricor
Analytical Labs

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	
Adddress	
City, State, Zip	
Phone	
Email	
Additional Recipients:	

SEND INVOICE TO: (If different than Analysis Report)

☐ **Same as Mailing Address**

Name	
Company	
Adddress	
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:	☐ Standard (5-10 business days)

"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 ☐ 2-3 Business Days (contact Doreen Heath for Pre-Approval)	Rush Service ☐ Next Business Day (contact Doreen Heath for Pre-Approval)	Approved by CAL :

Sample Handling:	☐ Non-Hazardous	☐ Hazardous	☐ Bio-Hazardous	☐ Store Desiccator

Store At:	☐ Ambient	☐ Refrigerate	☐ Freezer

Sample Disposition:	☐ Discard w/Fee ☐	Return shipping label will be provided ☐ 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:	☐ Powder ☐ Liquid ☐ Other	Anticipated Concentration (e.g. 100%, 5mg/mL) : _____

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:	☐ UPS	☐ FedEx	☐ Courier	☐ Client	☐ Other:

Temp on Receipt:	_____° C	☐ Ice Pack Present	☐ N/A - Received Ambient

Samples Placed in:	☐ Ambient	☐ Refrigeration	☐ Freezer	☐ Desiccator

Samples Received By:	Date:	Time:

Comments:	

This SARF page must be accompanied by testing attachment "A".

CEN-IR-MGT-012.01

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

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

Special Instructions:

If more space is needed, please use additional sheet.

SAMPLE ANALYSIS REQUEST FORM CONTINUED

(Attachment "A" part 2)

Centricor Analytical Labs

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

Special Instructions:

CEN-IR-MGT-012.01