

# Adamson Analytical Laboratories, Inc.

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## REQUEST FOR ANALYSIS

Purchase No: \_\_\_\_\_

Sample Name: \_\_\_\_\_

Sample Lot No: \_\_\_\_\_

Amount of Sample: \_\_\_\_\_ grams / mL / oz.

### Send Report to:

Attn: \_\_\_\_\_

Company \_\_\_\_\_

Dept. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email \_\_\_\_\_

Fax the report. (No email)

### Send Invoice to: ( same address

Attn: \_\_\_\_\_

Company \_\_\_\_\_

Dept. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email \_\_\_\_\_

Mail the invoice. (No email)

### Test Request: (Please specify all applicable testing ranges)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sample:**  Bulk  Finished  Raw

**Type of Sample Service:**  Regular (5 Days)  Micro: Rush 48 Hours

Rush 12 Hours  Rush 24 Hours  Rush 2 Days  Rush 3 Days

### **Approved by:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Information: (special storage conditions, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_