

Adamson Analytical Laboratories, Inc.

Adamson Analytical Laboratories, Inc, 220 Crouse St., Corona, CA 92879

REQUEST FOR ANALYSIS

Purchase no: _____

Sample name: _____

Sample lot no: _____

Amount of sample: _____ grams

Storage condition: () Room temp () Refrigerated () freezer

Send Report to:

Send Invoice to:

(If other than report address)

Attn: _____

Attn: _____

Company name : _____

Company name: _____

Dept : _____

Dept : _____

Address : _____

Address: _____

Tel : _____

Tel: _____

Fax: _____

Fax: _____

Test request: _____

Approved by:

Name: _____ Signature: _____ Date: _____ P.O#: _____

Additional information: _____

Type of service (check one):

Regular Rush 12 hours

Rush 24 hours

Rush two days Rush 3 days

Rush 5 days

Result (method preferred for result delivery): Fax Mail