

REQUEST FOR ANALYSIS

220 Crouse Drive
Corona, CA 92879
www.adamsonlab.com

Tel: (951) 549-9657

Fax: (951) 549-9659

certificate@adamsonlab.com

Purchase Order: _____

Sample Name: _____

Sample Lot No: _____

Sample Description: (matrix, color/appearance, packaging) _____

Amount of Sample: _____ grams mL oz. tabs caps other: _____

Send Report To:

Contact Name _____

Company _____

Dept. _____

Address _____

Tel. _____

Email _____

Send Invoice To: (Same Address)

Attention _____

Company _____

Dept. _____

Address _____

Tel. _____

Email _____

Test Request:

Please provide a specification for all test items. An additional charge may apply if a specification is not provided. Adamson will select the method(s) used unless otherwise specified.

Sample: Bulk Finished Raw

Type of Sample Service*: Regular (5 Days) Rush - Same Day Rush - 1 Day
 Rush - 2 Days Rush - 3 Days

*Please note that certain samples will require additional time for analysis and may not be eligible for the turnaround options above. If additional time is required beyond that which you have selected for any of your submitted samples, you will be notified in writing within 24 hours of sample receipt.

Additional Information: (special storage conditions, methods, etc.)

Customer Approval:

Name: _____ Signature: _____ Date: _____