

REQUEST FOR ANALYSIS

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Tel: (951) 549-9657

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: _____
Sample Type: (if raw material, select what product type it is for)
 Dietary Supplement Drug Cosmetic Food Other: _____
Hazardous Material: (If so, please include SDS) Yes No

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: _____