



Sample Submission Form

CUSTOMER INFORMATION	
Request Date:	
Company Name:	
Requestor Name:	
Requestor Email:	
Requestor Phone:	
Requestor Signature:	
* Submission form must be signed and dated	

ANALYSIS REQUEST DETAILS	
Quote No.:	
Results delivery:	
* Surcharge applies	
Sample storage:	
Sample Hazardous:	
* If yes, MSDS required	

Additional information – Where applicable, please provide detailed instructions, e.g. stability storage conditions or special handling instructions:

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ADKL Labs PROCESSING TEAM ONLY		
ADKL Job No.:		
Form Received:	Date:	
	Time:	
	Initials:	
Sample(s) condition upon arrival:		



Sample Submission Form

Temperature upon arrival:
Comments:

SAMPLE SUBMISSION INSTRUCTIONS

- Ensure paperwork is matching prior to sample submission
- Please detail any special considerations around sample handling and storage (include MSDS for all hazardous samples at time of submission)
- If additional samples are to be submitted, supplementary Sample Submission Forms can be completed and attached.
- Sample(s) will be retained by ADKL Labs for a period of four (4) weeks after acknowledgement of final report delivery unless specifically requested otherwise.
- For special requests related to sample handling, storage, testing please contact ADKL Labs before submission

Number	Sample description	Sample ID	Quantity	Test	Method * where applicable