

Sample Submission Form

(To accompany each order)

Client Information	
Company:	<input type="text"/>
Contact:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/> Ext: <input type="text"/>
Email Report To:	<input type="text"/>
Relinquished By:	<input type="text"/>
Date/Time:	<input type="text"/>

Billing Information		Same as client
Company:	<input type="text"/>	
Contact:	<input type="text"/>	
Address:	<input type="text"/>	
Phone:	<input type="text"/>	Ext: <input type="text"/>
Email Invoice To:	<input type="text"/>	
PO #:	<input type="text"/>	
RUSH Order (additional charges apply, contact us for details.) <input type="checkbox"/>		

Sample ID: (i.e. Lot# - reflected on report)	Sample Description: (matrix - reflected on report)	Analysis Requested:	LAL # (Analyst Use Only)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

For Lab Use Only:			
Price:	<input type="text"/>	Invoice #	<input type="text"/>
Code:	<input type="text"/>	Total:	<input type="text"/>
Report Date:	<input type="text"/>	Invoice Date:	<input type="text"/>
		Acceptable/Temp:	<input type="text"/>
		Received By:	<input type="text"/>
		Date/Time:	<input type="text"/>

Shipping Samples to Lipid Analytical Labs:

- 1) Provide samples in containers with a 'smudge-free' identification label and unique ID.
- 2) Use a courier (FedEx, UPS, DHL, etc.) and put 'for research / lab analyses only' in describing content(s), list the value of the package as content worth \$0.00.
- 4) Ship on a Monday-Wednesday to avoid hold up on weekends.
- 5) Email us the courier used and tracking number when available so LAL can track the sample(s) location.

Sample ID: (i.e. Lot# - reflected on report)	Sample Description: (matrix - reflected on report)	Analysis Requested:	LAL # (Analyst Use Only)
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Notes:

For Lab Use Only:			
Price:	<input type="text"/>	Invoice #	<input type="text"/>
		Acceptable/Temp:	<input type="text"/>
Code:	<input type="text"/>	Total:	<input type="text"/>
		Received By:	<input type="text"/>
Report Date:	<input type="text"/>	Invoice Date:	<input type="text"/>
		Date/Time:	<input type="text"/>

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