

**SAMPLE SUBMISSION FORM**

Page \_\_\_\_\_ of \_\_\_\_\_ (Use additional sheets as necessary)

Laboratory Use Only	
Report Number:	
Received Date/Time:	

**RUSH (Additional Charge):** \_\_\_\_\_

**Customer Information**

**Billing Information**

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
Email (Results Only)	
PO #	

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
Email (Invoices Only)	
Quote #	

**Sample Information** All information must be complete before testing can be initiated.

Shipping Conditions:		Sample Storage:		Sample Disposition:	
Ambient/Room Temp	On Ice	Ambient/Room Temp	Refrigerator (2 to 8 C)	Discard	Return (Extra Charge)
On Dry Ice	On Liquid Nitrogen	Freezer (-10 to -25 C)	Freezer (≤ -75 C)	Return Sample Container (Extra Charge)	
Additional Information/Special Instructions: _____					

**Testing Information**

Sample Description	Lot Number	# of Samples	Test Code(s)	CP010 Sample ID	Test Conditions	Controlled Substance*	Schedule
				Internal Use Only			
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		

**Signatures**

Customer agrees to Infinity Laboratories' Terms and Conditions.

Customer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Infinity Laboratories: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Controlled Substance Sample Submission Instructions and Fees.** Pre-notification of all controlled substance shipments and appropriate documentation are required for regulatory compliance. A minimum fee of \$150 will be charged for each shipment of controlled substances received for testing. The fee covers regulatory compliance, handling, and disposal. Please contact Kelli Quiroz at 219-661-8620 prior to shipping of any controlled substance.