

SAMPLE SUBMISSION FORM

Page ___ of ___ (Use additional sheets as necessary)

Laboratory Use Only	
Lab Number:	
Client Code:	
Received Date/Time:	

RUSH (Additional Charge): _____

Customer Information

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

Billing Information

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

Standard pricing will be applied unless Quote Number is provided.

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

Sample Description:			
Part Number:		Lot Number:	
Pre/Non-Sterile		Sterilized (Method: Radiation EO Other)	
Validation/Suitability:		Completed (Reference Number:) Declined	
Conduct/Perform			
Volume to test (liquid samples):		N/A Sample Storage: Ambient Refrigerate Frozen	
Quantity Submitted:		Quantity for Test: Individual Pooled	
Hazardous: Chemical Biological N/A		Sample Disposition: Discard Return	
Additional Information:			

Testing Information *This information will be used for result release.*

If no acceptance criteria is indicated, results will be reported as for information only (FIO)

Test Code (from Quote)	Acceptance Criteria	Special Instructions

Signatures *Customer agrees to Infinity Laboratories' terms and conditions.*

Customer: _____

Date: _____

Infinity Laboratories: _____

Date: _____