

Test Sample Submission Form

Fields marked with an asterisk are required. If a field is not applicable to your request, please mark "N/A" in the field.

Date*	Authorized By*	Quote/Protocol #*
Company*		
Street Address, City, Sta	ate ZIP*	
Phone #*		Email*
Test Substance Type*		Product Description*
If Other, please list:		If Other, please list:
Approximate Test Sub	ostance Concentration*	

(upon submission to Element Eagan)

This value is used for neutralization planning only. This value is not intended to represent characterization values.

Name & Lot/Batch

(exactly how it should appear in final report)

TEST SUBSTANCE NAME	LOT/BATCH #	MANUFACTURE DATE *	EXPIRATION DATE *

Storage Conditions*	
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Hazards*

If Other, please list:

If Other, please list:

FOR LAB USE ONLY, ELEMENT EAGAN TRACKING #:



Test Sample Submission Form, cont.

Fields marked with an asterisk are required. If a field is not applicable to your request, please mark "N/A" in the field.

Comments		
Final Disposition*¥	Return Address / Email Address / Phone*	
FedEx Account #:		
SHIPPING INSTRUCTIONS FOR RETU	JRN PRODUCTS	
Shipping Priority*		
Value Declaration*		
Insurance Requested: Yes	No	
Special Shipping Instructions*		
	testing for more than 60 days beyond the completion date of the most recent final report will be is indicated above. Please contact Element Eagan if you need the sample returned before the 60- additional storage time for the samples.	
Sponsor/Representative Authorization*		
Date*	-	
SHIP TO: Element Eagan ATTN: Log-In 1285 Corporate Center Drive Suite 110 Eagan, MN 55121	Return form by email, and/or include with Test Substance shipment. client.services@element.com	

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