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Lafayette, IN 47905-3964   
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DEA: RT0386335

**SAMPLE SUBMISSION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLIENT INFORMATION:** | | | | |
| Company: |  | | | |
| Contact Name: |  | | | |
| Mailing Address: |  | | | |
| City, State, Zip: |  | | | |
| Fax: |  | | | |
| Phone: |  | | | | Preferred Contact Method | | |
| Email: |  | | | | Preferred Contact Method | | |
| DEA # (if applicable) |  | | | | **Service Levels** (Please Check ONE) | | |
| Proposal or Quote #: |  | | | | **FTE**  **Legal: Litigation Support or Expert Testimony**  **Non GMP**  **Priority** = 24hr service or as quoted  **Express** = 48hr service or as quoted  **Standard** = 3-5 business days or as quoted  **GMP**  **Priority** = 3-5 business days or as quoted  **Express** = 5-7 business days or as quoted  **Standard** = 7-10 business days or as quoted  *Above Services Include Full report and QA Review*  *Samples must be received by 12pm EST or they will be queued for testing the next business day* | | |
| SIGNATURE: |  | | | |
| **BILLING AND INVOICE:** | | | | |
| Company: |  | | | |
| Contact Name: |  | | | |
| Billing Address: | Same as above | | | |
| City, State, Zip: |  | | | |
| Phone: |  | | | |
| Method of Payment: | PO  CREDIT CARD (processing fee may be applicable) | | | |
| PO# or Credit Card #: |  | | | |
| Name on Credit Card: |  | | | |
| Exp. Date: |  | | | |
| Security Code: |  | | | |
| Billing Zip Code: |  | | | |
| AP Email Address: |  | | | |
| **Material Name  (SDS Required)** | | **Sample ID or Lot #** | **Analysis (es) Requested** | **Return Sample?\*** | | **Classification** | **Storage** |
|  | |  |  | Yes  No | | Normal  DEA Schedule I-V  ATF Regulated | Ambient  Refrigerator  Freezer  Light Sensitive |
|  | |  |  | Yes  No | | Normal  DEA Schedule I-V  ATF Regulated | Ambient  Refrigerator  Freezer  Light Sensitive |
|  | |  |  | Yes  No | | Normal  DEA Schedule I-V  ATF Regulated | Ambient  Refrigerator  Freezer  Light Sensitive |
|  | |  |  | Yes  No | | Normal  DEA Schedule I-V  ATF Regulated | Ambient  Refrigerator  Freezer  Light Sensitive |
|  | |  |  | Yes  No | | Normal  DEA Schedule I-V  ATF Regulated | Ambient  Refrigerator  Freezer  Light Sensitive |
| Additional Information (i.e., special sample handling/preparation instructions, specific data acquisition parameters, reporting requirements, etc.)  Please provide a UPS/FedEx account number or a shipping label if sample return is requested | | | | | | | |