

SAMPLE SUBMISSION FORM



CLIENT INFORMATION:

Company:	
Contact Name:	
Mailing Address:	
City, State, Zip:	
Phone:	
Email:	
DEA # (if applicable)	
Proposal or Quote #:	(REQUIRED)
SIGNATURE:	

2660 Schuyler Ave, Suite A.
Lafayette, IN 47905-3964
PH: 765.588.6200 samplesubmission@tricliniclabs.com
DEA: RT0386335

BILLING INFO:

Contact Name:	
Billing Address:	<input type="checkbox"/> Same as above
City, State, Zip:	
Phone:	
Email:	
Method of Payment:	<input type="checkbox"/> PO <input type="checkbox"/> CREDIT CARD (processing fee may be applicable)
PO# or Credit Card #:	
Name on Credit Card:	
Exp. Date:	
Security Code:	
Billing Zip Code:	

Material Name (SDS Required)	BATCH or LOT #	Analysis (es) Requested	Return Sample?*	Classification	Storage
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> 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

Material Name (SDS Required)	BATCH or LOT #	Analysis (es) Requested	Return Sample?*	Classification	Storage
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> CONTROLLED Subst. <input type="checkbox"/> Potent	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
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