SAMPLE SUBMISSION FORM





Company:				PH: 765.588.6200 samplesul	2660 Schuyler Ave, Suite A. Lafayette, IN 47905-3964 omission@tricliniclabs.com DEA: RT0386335
Contact Name:					DEA. 1(10300333
Mailing Address:					
City, State, Zip:					
Phone:					
Email:					
DEA # (if applicable)					
Proposal or Quote #:	(REQUIRED)				
SIGNATURE:					
BILLING INFO:					
Contact Name:					
Billing Address:	☐ Same as above				
City, State, Zip:					
Phone:					
Email:					
Method of Payment:	☐ PO ☐ CREI	OIT CARD (processing	fee may be appli	cable)	
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 □ No □	□Normal □CONTROLLED Subst. □Potent	□Ambient □Refrigerator □Freezer □Light Sensitive
			Yes □ No □	□Normal □CONTROLLED Subst. □Potent	□Ambient □Refrigerator □Freezer □Light Sensitive
			Yes □ No □	□Normal □CONTROLLED Subst. □Potent	□Ambient □Refrigerator □Freezer □Light Sensitive
			Yes □ No □	□Normal □CONTROLLED Subst. □Potent	□Ambient □Refrigerator □Freezer □Light Sensitive
			Yes No	□Normal □CONTROLLED Subst. □Potent	□Ambient □Refrigerator □Freezer □Light Sensitive
Additional Information (i.e., shandling/preparation instruction parameters, reporting requirements provide a UPS/FedE label if sample return is requirement.	tions, specific data acquisitivements, etc.)				

Material Name	BATCH or LOT #	Analysis (es)	Return	Classification	Storage
(SDS Required)		Requested	Sample?*		□Ambient
			Yes □	□Normal	Refrigerator
			No □	CONTROLLED Subst.	Freezer
				Potent	Light Sensitive
					□ Ambient
			Yes□	□Normal	Refrigerator
			No □	CONTROLLED Subst.	Freezer
				Potent	Light Sensitive
					□ Ambient
			Yes□	□Normal	Refrigerator
			No □	CONTROLLED Subst.	Freezer
			140 🗀	Potent	Light Sensitive
					□ Ambient
			Yes □	□Normal	Refrigerator
			No □	CONTROLLED Subst.	Freezer
			140 🗀	Potent	Light Sensitive
					□Ambient
			Yes □	□Normal	Refrigerator
			No 🗆	CONTROLLED Subst.	Freezer
				Potent	□Light Sensitive
Material Name	BATCH or LOT #	Analysis (es)	Return	Classification	Storage
(SDS Required)	2111 311 31 20 1	Requested	Sample?*		0.0.1.90
(=====,			Yes □	□Normal	□Ambient
			No □	CONTROLLED Subst.	□Refrigerator
				□ <mark>Potent</mark>	□Freezer
					□Light Sensitive
			Yes □	□Normal	□Ambient
			No □	CONTROLLED Subst.	□Refrigerator
				□ <mark>Potent</mark>	□Freezer
					☐Light Sensitive
			Yes □	□Normal	□Ambient
			No □	CONTROLLED Subst.	Refrigerator
				□ Potent	Freezer
					Light Sensitive
			Yes □	□Normal	Ambient
			No □	CONTROLLED Subst.	Refrigerator
				□ <mark>Potent</mark>	Freezer
					☐Light Sensitive
			Yes □	□Normal	Ambient
			No □	CONTROLLED Subst.	Refrigerator
				□ Potent	Freezer
	D47011 1 07 #	A 1 1 ()	5 (01 15 11	□Light Sensitive
Material Name (SDS Required)	BATCH or LOT #	Analysis (es) Requested	Return Sample?*	Classification	Storage
(SDS Required)		Nequesteu	Yes \square	□Normal	□Ambient
			No □	CONTROLLED Subst.	Refrigerator
				Potent	Freezer
				— r oterit	Light Sensitive
			Yes□	□Normal	□ Ambient
			No □	CONTROLLED Subst.	Refrigerator
				Potent	Freezer
				, , , , , , , , , , , , , , , , , , , 	□Light Sensitive
			Yes □	□Normal	□Ambient
			No □	CONTROLLED Subst.	Refrigerator
				Potent	Freezer
					□Light Sensitive
			Yes □	□Normal	□Ambient
			No 🗆	CONTROLLED Subst.	□Refrigerator
				□ <mark>Potent</mark>	□Freezer
					☐Light Sensitive