A close-up of a logo

AI-generated content may be incorrect.

**SAMPLE SUBMISSION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT INFORMATION:** | | | | | | | |
| Company: |  | | | | 2660 Schuyler Ave, Suite A.  Lafayette, IN 47905-3964  PH: 765.588.6200 samplesubmission@tricliniclabs.com DEA: RT0386335 | | |
| Contact Name: |  | | | | | | |
| 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 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  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 |
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| 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 | | |  | | | | |

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