

# SAMPLE SUBMISSION FORM



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## CHAIN OF CUSTODY

By submitting a test article, you agree to the Testing Services Agreement set forth by The Osmolality Lab, and acknowledge that The Osmolality Lab does not make decisions on whether test results pass or fail specifications.

### TURNAROUND REQUIRED:

STANDARD  3-DAY\*

\*Expedited turnaround subject to additional fee. Turnaround times faster than 72 hours, contact our lab to ensure availability.

CLIENT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 REPORT RESULTS TO: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PURCHASE ORDER #: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 BILLING CITY/STATE/ZIP: \_\_\_\_\_

TESTS REQUESTED											

### PROJECT NAME:

Lab Use Only	CLIENT SAMPLE DETAILS				
	SAMPLE ID	DESCRIPTIONS/LOCATION	MATRIX	DATE	TIME
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

Sampled by: (print)		Sampled by: (signature)		<b>NO BIOHAZARDS OR RADIOACTIVE MATERIALS ACCEPTED</b>	
Sample Storage Requirements: Room Temp <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Other <input type="checkbox"/>		Special Instructions:		Lab Use Only Sample Receipt Condition On Ice <input type="checkbox"/> Room Temp <input type="checkbox"/> Other <input type="checkbox"/>	
Relinquished by: (signature)		Date/Time	Received by: (signature)		Date/Time
Relinquished by: (signature)		Date/Time	Received by: (signature)		Date/Time