

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.

CLIENT:

ADDRESS:

CITY/STATE/ZIP:

REPORT RESULTS TO:

PHONE:

FAX:

EMAIL:

PURCHASE ORDER #:

BILLING ADDRESS:

BILLING CITY/STATE/ZIP:

BILLING/ACCOUNTING EMAIL:

PROJECT NAME:

TURNAROUND REQUIRED:

STANDARD ☐3-DAY* ☐

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

TESTS REQUESTED

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