

SAMPLE SUBMISSION FORM

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: _____



14203 South Minuteman Drive, Ste 103

Draper, UT 84020

Phone: 385.323.5141

info@osmolab.com

www.theosmolalitylab.com

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: Room Temp <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Other <input type="checkbox"/>			Special Instructions:		
Relinquished by: (signature) <i>(Person Requesting Analysis)</i>		Date/Time		Received by: (signature)	
Relinquished by: (signature) <i>(Person Requesting Analysis)</i>		Date/Time		Received by: (signature)	

Lab Use Only Sample Receipt Condition
 On Ice Room Temp Other