



Sample Submission Form

*REQUIRED INFORMATION

Date: _____ Authorized By: _____

*PO #: _____

*Element Quote #: _____

SEND REPORT TO:

Name: _____ *Company: _____

Street Address, City, State ZIP: _____

Phone #: _____ Email: _____

PRODUCT NAME	LOT NUMBER	SAMPLE QTY	TEST DESCRIPTION	TEST SPECIFICATION	CLIENT SOP (if applicable)

Is this a controlled substance? ☐ Yes ☐ No Schedule: _____

Sample Storage Conditions: ☐ Ambient ☐ 2-8° ☐ Frozen

Sample Handling Instructions (hazardous, flammable, light sensitive, etc.)

Comments:

FOR ELEMENT USE ONLY

Samples Received By: _____

Project #: _____ Date Received: _____