

SAMPLE SUBMITTAL FORM

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Date:	Authorized By:	PO#:
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Send Report To:	Bill Information (if different):	For MRA Use Only
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Product Name	Lot Number	Sample Quantity	Test Description	Test Specification	Client SOP

Is this a controlled substance?	Yes	No	Class
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Sample Storage Conditions	Ambient	2-8°C	Frozen
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Sample Handling Instructions, Explain:
(Hazardous, Flammable, Light Sensitive, etc.)

Special Instructions / Comments