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## Sample Submittal Form

(enclose with sample shipment)

Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_

PO#: \_\_\_\_\_

Send Report To:	Bill To:
Attn:	Attn:
Company:	Company:
Address:	Address:
Phone:	Phone:
Email:	E-invoicing address:

For MRA Use Only	
Samples received By:	
Project#:	
Date:	
Book:	Page:

Product Name	Lot Number	Sample Quantity	Test Description	Test Specification	Client SOP (if applicable)

Is this a controlled substance?  No /  Yes Class \_\_\_\_\_ Sample Storage Conditions:  Ambient  2-8C  Frozen

Sample Handling Instructions (Hazardous, Flammable, Light Sensitive, etc.) Explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_