

Analytical Testing Request Form

(Please note that testing cannot proceed until this form is completed & returned to AAL)

Project Discussed with: _____ Date Discussed: _____

Pricing: Verbal Quote Obtained: _____ Written Quote Obtained: _____ Quotation Needed: _____

Service Requested: Standard Turn-Around (T/A): _____ Same Day T/A: _____ 24hrT/A: _____ 2-3 Day T/A: _____

(Note: A 50 - 100% condition dependent surcharge will be applicable to priority turn-around services).

Purchase Order No. - or —

Credit Card No., Exp. Date, & Name on Card: _____

Signature & Date: _____ (Required)

I. Number of Samples Submitted for Analysis: _____

II. Sample Identification, Information, Background, Description, etc:

III. Sample Date: _____

IV. Hazards & Precautions: (i.e. Toxic Chemicals, Flammability, Reactivity, Biohazards, etc.):

V. Analytical Tests Requested/Special Instructions: (Analytes of interest, test methods, specifications, detection thresholds, etc.):

VI. Sample Disposition (check): _____ Return: _____ Discard: _____

Your Carrier ID/Account No.: _____ (not required)

Return Service: Priority Overnight: _____ Standard Ground: _____ Other: _____

VII. Report Results to:

Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name/Title: _____

Reporting Method: Mail Results: _____ Fax Results: _____ E-mail Results: _____ Call Contact: _____



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