

Analytical Testing Request Form

Project Discussed with: Bruce Gollob ☐ Ralph Ciotti ☐ Ben Behler ☐ Fred Pikula ☐ **Date:** _____

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

PAYMENT INFORMATION:

Purchase Order Number: _____

OR

Name on Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____

Signature: _____

Email for Invoice: _____

*REQUESTED TURNAROUND TIME:

Standard Analysis (7-10 days – Base Pricing): ☐

RUSH Same Day Analysis (Base Pricing x 3): ☐

RUSH 24-hour Analysis (Base Pricing x 2): ☐

RUSH 48-hour Analysis (Base Pricing x 1.5): ☐

RUSH 1-week Analysis (Base Pricing x 1.25): ☐

* **Expedited analysis requires prior notification and increased pricing. Rush availability may vary based on analysis.**

Number of Samples Submitted: _____ ☐ In Duplicate **Sample Date:** _____

Sample Identification: (Gas type, sample location, background, hazards, etc.)

Analytical Testing/Special Instructions: (Test methods, specifications, analytes required, detection limits, etc.)

Sample Disposition: Discard: ☐ Return Sample: ☐ Return Empty Cylinder: ☐ (fill out shipping details below)

UPS: ☐ Account # _____

Standard Ground: ☐

FedEx: ☐ Account # _____

2-3 Day: ☐

Overnight: ☐

International shipments are pre-pay only (UPS International). Domestic HAZMAT sample returns are shipped via Common Carrier Collect.

Report Results to:

Contact Name: _____

Company: _____

Street Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Analytical results will be emailed to the contact listed above. Hard copy results available upon request.