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ANALYSIS REQUEST FORM

LEGAL NAME OF COMPANY: _____

_____Bus. #: _____

Address: _____

City: _____Province: _____

Country: _____Postal Code: _____

Phone: _____ Fax: _____

Customer Contact: _____

Email: _____

Purchase Order No: _____

Accounts Payable Contact: _____

Date: _____

Customer Authorizing Signature: _____

Hazardous Product? Yes___ No___Unknown___

FOR CMTL USE

LABORATORY #

DUE DATE:

SPECIMEN IDENTIFICATION	CMTL #	ANALYSIS REQUIRED

Specimens Received By: _____

Condition of Specimens as Received: _____