



2200 W 97th Place, Crown Point, IN 46307 | 219-661-8620

SAMPLE SUBMISSION FORM

Page _____ of _____ (Use additional sheets as necessary)

Laboratory Use Only	
Report Number:	
Received Date/Time:	

RUSH (Additional Charge): _____

Customer Information

Billing Information

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
Email (Results Only)	
PO #	

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
Email (Invoices Only)	
Quote #	

Sample Information All information must be complete before testing can be initiated. Completed form can be submitted to CPSSF@InfinityLaboratories.com

Shipping Conditions:		Sample Storage:		Sample Disposition:	
Ambient/Room Temp	On Ice	Ambient/Room Temp	Refrigerator (2 to 8 C)	Discard	Return (Extra Charge)
On Dry Ice	On Liquid Nitrogen	Freezer (-10 to -25 C)	Freezer (≤ -75 C)	Return Sample Container (Extra Charge)	

Additional Information/Special Instructions: _____

Testing Information

Sample Description	Lot Number	# of Samples	Test Code(s)	CP010 Sample ID	Test Conditions	Controlled Substance*	Schedule
				Internal Use Only			
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		
					Ind Pool		

Signatures Customer agrees to Infinity Laboratories' Terms and Conditions.

Customer: _____ Date: _____
 Infinity Laboratories: _____ Date: _____

***Controlled Substance Sample Submission Instructions and Fees.** Pre-notification of all controlled substance shipments and appropriate documentation are required for regulatory compliance. A minimum fee of \$150 will be charged for each shipment of controlled substances received for testing. The fee covers regulatory compliance, handling, and disposal. Please contact Alexis Mathews at 219-661-8620 prior to shipping of any controlled substance.