

Sample Submission Form

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SEND REPO	ORT TO:		SEND INVOICE TO:		
Q			☐ Same as Report	Acct. Payable Address	
Company:			Address:		
Address:					
City, State, Zip:			City, State, Zip:		
Contact Name:			Contact Name:		
·			Phone# (Ext.):		
Phone# (Ext.):			Fax#:		
Fax#:			E-mail:		
E-mail:			P.O. #:		
			r.u. #:		
Date Submitted:					
Qty.	Product	Lot Number	Type of Test	Method to be Followed	Specification Reference
	Floduct	Lot Number	Type of Test	Method to be Followed	Specification Reference
1. 2.					
3.					
4.					
5. 6.					
7.					
8.					
9.					
10.					
OOS Investigation: If sample does not meet specification, do you require Infinity Laboratories to perform Out-Of-Specification (OOS) Investigation? Yes No					
Sample Disposition: Dispose of Sample Return Sample: Shipping Account #: Infinity Laboratories will dispose of sample(s) 30 days post report issue date unless other arrangements are requested.					
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<u>PAYMENT:</u> Payment must be received within <u>30</u> days (unless other payment arrangements have been established). Credit hold policy will apply after 30 days (please see Quotation terms).					
<u>RUSH SERVICE</u> : These samples receive priority handling: logged and put on test immediately upon receipt. If selected, a RUSH fee will apply. Yes No					
Final report to be E-mailed to client contact upon QA/QC approval of test results					