

1127 N. McDowell Blvd., Petaluma, CA 94954 | 707-782-0792

SAMPLE SUBMISSION FORM

Page ____ of ____ (Use additional sheets as necessary)

Laboratory Use Only					
Lab Number:					
Client Code:					
Received Date/Time:					

RUSH (Additional Charge):	

Customer In	Customer Information				Billing Information				
Contact			Со	ntact					
Company			Com	pany					
Street Address	ATT. ATT.		Street Ad	dress					
City, State, Zip			City, Stat	e, Zip	Was		A/A		
Phone	PA A V		P	hone					
Email (Results Only)		1	Email (Invoices	Only)		-/			
PO #			Qu	ote#					
Sample Information All info	rmation must be complete bef	fore testing can be	Standard pricing will be of initiated.	applied unless C	Quote Num	ber is prov	vided.		
Sample Description:	-		600			_	=0.0-		
Part Number:	_ _		Lot Number:			((),			
Pre/Non-Sterile			Sterilized (Method	d: Radia	ation	EO	Other)		
Validation/Suitability:	Conduct/Perform	Comp	leted (Reference Num	ber:	ΔM_{\odot})	Declined		
Volume to test (liquid samples):		N/A	Sample Storage: A	Ambient	Refri	gerate	Frozen		
Quantity Submitted:	Quant	ity for Test:			Indiv	idual	Pooled		
Hazardous: Chemical	Biological	N/A	Sample Disposition:	Disca	ard	Re	eturn		
This inf	ormation will be used for resu	lt release.							
Testing Information If no ac	ceptance criteria is indicated,	results will be repo	orted as for information only (FI	0)			M		
Test Code (from Quote)	Acceptance Cr	iteria	Special Instructions						
THE P							-		
Signatures Customer agrees	to Infinity Laboratories' terms	s and conditions.							
Customer	:			Date: _					
Infinity Laboratories	::			Date: _					