



Microbiological Solutions LLC

SAMPLE SUBMITTAL FORM

CUSTOMER: _____ DATE : _____

ADDRESS: _____

CONTACT _____

E.MAIL _____

PHONE _____

FAX _____

TEST REQUESTED:

TEST METHOD: ASTM _____ USP No. _____ OTHER:

SAMPLE DESCRIPTION: Provide in Table

SAMPLE QUANTITY SUBMITTED: _____ [GRAMS/ ML]

TOTAL NUMBER OF SAMPLES:

SAMPLE HANDLING INSTRUCTIONS:

Hazardous Sterile Non-Sterile N/A

Purchase Order Number		Provide a copy of the PO with the Form			SivaMS Quote Number:	
PAYMENT METHOD	CHECK				OTHER: Bank Transfer	
	CREDIT CARD	VISA	M/C	AMEX	CARD # / CODE:	
<i>ADDRESS IN CARD IF DIFFERENT FROM ABOVE</i>						

SIVAMS SAMPLE SUBMITTAL FORM

N#	TEST ORDERED	SAMPLE ID	Lot #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SAMPLE DESCRIPTIONS

<u>For Lab use only</u>	<u>Sample Condition</u>	
<u>Sample inspected and logged By:</u>		<u>Date</u>
<u>Sample Received by:</u>		<u>Date</u>

SAMPLE STORAGE INSTRUCTION

() Store at Room temperature upon arrival () Refrigerate upon arrival () Freeze upon arrival

All Samples will be discarded after testing Unless/Otherwise Indicated below

() Discard Samples () Retain Samples () Return Samples