

Sample Submission Form

ORDERED BY:

Company			
Address			
Contact			
City		State/Province	
Zip/Post Code		Country	
Email			
Phone #			

Payment Method	
Rush Order	
Disposition	

SAMPLE INFORMATION *(Please fill in applicable information and use exact sample names and descriptions to be used in the final report)*

Product Name *	Sample Description / Formula *	Lot #	Test Ordered *	Acceptance Criteria *

Additional Notes / Instructions: _____

By an authorized agent submitting this document, the principal entity agrees to adhere to Pentyl Labs terms & conditions, which may be reviewed fully at pentyllabs.com under Terms & Conditions.

Authorized By * _____ Signature * _____ Date* _____

For Lab Use Only	Initial	Sample Condition	Date
Sample received			

Note (*) denoted required fields