Nutraceutical Analysis Request Form

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Lab Number:

Customer Contact:	**Page_____ of _____**
Company Name:	**Project Name:**
Address:	**Project Number:**
City, State, Zip:	**Samples Submitted By:**

Phone: **E-Mail Address:**

Sample Receipt	Turn Around Request
Temperature: _____ °C	Standard TAT: _____ 5 working Day
Custody Seals: Yes____ No____	Rush TAT: (Surcharges apply)
Custody Seals Intact: Yes____ No____	____24 Hours ____ 48 Hours ____ 72 Hours
Total # of Containers:_____	Requested Report Delivery Date:

Sample Information

Lab #	Date Collected	Matrix Type*	Sample Identification	Lot Number	Test Required: Heavy Metals: As, Cd, Hg, Pb	Test Required: Other Metals or Minerals	Reporting Units	Serving Size	Specification: As	Specification: Cd	Specification: Pb	Specification: Hg			

Instructions / Special Requirements:

*** Matrix Type = Capsule, Tablet, etc.**

Date:	Time:	Samples Relinquished By:	Received By:

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