



SAMPLE SUBMISSION FORM

2660 Schuyler Ave, Suite A.
 Lafayette, IN 47905-3964
 PH: 765.588.6200
 samplesubmission@tricliniclabs.com
 DEA: RT0386335

CLIENT INFORMATION:

Company:	
Contact Name:	
Mailing Address:	
City, State, Zip:	
Fax:	
Phone:	
Email:	
DEA # (if applicable)	
Proposal or Quote #:	
SIGNATURE:	
BILLING AND INVOICE:	
Company:	
Contact Name:	
Billing Address:	<input type="checkbox"/> Same as above
City, State, Zip:	
Phone:	
Method of Payment:	<input type="checkbox"/> PO <input type="checkbox"/> CREDIT CARD (processing fee may be applicable)
PO# or Credit Card #:	
Name on Credit Card:	
Exp. Date:	
Security Code:	
Billing Zip Code:	
AP Email Address:	

Preferred Contact Method <input type="checkbox"/>	
Preferred Contact Method <input type="checkbox"/>	
Service Levels (Please Check ONE)	
<input type="checkbox"/> FTE	
<input type="checkbox"/> Legal: Litigation Support or Expert Testimony	
Non GMP	
<input type="checkbox"/> Priority = 24hr service or as quoted	
<input type="checkbox"/> Express = 48hr service or as quoted	
<input type="checkbox"/> Standard = 3-5 business days or as quoted	
GMP	
<input type="checkbox"/> Priority = 3-5 business days or as quoted	
<input type="checkbox"/> Express = 5-7 business days or as quoted	
<input type="checkbox"/> Standard = 7-10 business days or as quoted	
<i>Above Services <u>Include</u> Full report and QA Review</i>	
<i>Samples must be received by 12pm EST or they will be queued for testing the next business day</i>	

Material Name (SDS Required)	Sample ID or Lot #	Analysis (es) Requested	Return Sample?*	Classification	Storage
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> DEA Schedule I-V <input type="checkbox"/> ATF Regulated	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> DEA Schedule I-V <input type="checkbox"/> ATF Regulated	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> DEA Schedule I-V <input type="checkbox"/> ATF Regulated	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> DEA Schedule I-V <input type="checkbox"/> ATF Regulated	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive
			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> DEA Schedule I-V <input type="checkbox"/> ATF Regulated	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive

Additional Information (i.e., special sample handling/preparation instructions, specific data acquisition parameters, reporting requirements, etc.)
 Please provide a UPS/FedEx account number or a shipping label if sample return is requested