

SAMPLE SUBMISSION FORM

COMPANY NAME:

CONTACT INFORMATION (of the person receiving the report)

Name:

Phone:

Email:

Quotation Number:

Purchase Order Number:

For Polymer Char use only

Analytical Service ID:

Arrival Date:

Sample ID	Sample Type	Technique <small>(if requesting multiple techniques)</small>	Contains additives, fillers, carbon black...	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hazards: Not hazardous Reactive Biohazard Toxic Other:

Sample storage conditions: Ambient 2-8°C Frozen

AUTHORIZED SIGNATURE:

FULL NAME:

DATE: