

Element Acton Sample Submission Form

Quote Reference Number: *(Required for Testing)*

Purchase Order Number: *(Required for Testing)*

Customer Contact Information

Company Name:

Street Address:

City/State:

Zip Code:

Contact Person:

Phone/Ext.:

Email:

SALES INFORMATION Turn Around Time Requested: Standard Rush (additional fees apply) Retest Samples

Sample Name (As will appear in result report)	Sample Lot Number	Number of Containers	Test(s) Requested	Acceptance Criteria (Required for Testing)
1				
2				
3				
4				
5				

Is this a controlled substance? Yes No Schedule: N/A

FOR STERILITY ONLY: N/A Batch Size: Volume Per Container: Sample Classifications:

SAMPLE HAZARDS: Not Hazardous Reactive Biohazard Toxic Other

SAMPLE STORAGE REQUIREMENTS: Room Temp Refrigerator (2-8°C) Freezer

SPECIAL INSTRUCTIONS/COMMENTS: N/A

Sample Submissions and Testing Authorized by*

Date:

Element Acton Use Only

Transport Condition: Room Temperature Cold Dry Ice

Sample Integrity Uncompromised Compromised If Compromised, explain:

Lab Received By/Date: Project Number:

Comments:

N/A

*By signing, you are authorizing Element to perform the requested tests and agree to Element's terms and conditions.