



# POS PILOT PLANT CORPORATION

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## SAMPLE SUBMISSION FORM

Contact Name: \_\_\_\_\_

Invoice Address, if different:

Company: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Priority:** **Surcharge** (✓)

▶ Standard (10 working days) none \_\_\_\_\_

▶ Rush (4 working days) 75% \_\_\_\_\_

E-mail: \_\_\_\_\_

Preliminary report by: Fax  E-mail

Quote received: : Yes  No

**(Final report will be mailed with invoice)**

Total no. samples submitted: \_\_\_\_\_ (Please group samples together that require same analyses)

SAMPLE DESCRIPTION	ANALYSIS REQUESTED	*EXPECTED LEVEL

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Shipped by: \_\_\_\_\_

\_\_\_\_\_

Date Submitted: \_\_\_\_\_

\_\_\_\_\_

Date Received (Lab): \_\_\_\_\_

\_\_\_\_\_

Approved by (Lab): \_\_\_\_\_

\*Repeat analysis and out of specification reports will not issued unless C of A is provided.