

SAMPLE SUBMITTAL FORM

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For Internal Use:

LIMS NUMBER: _____
 RECEIVED DATE: _____
 TARGET DATE: _____
 SEALS: _____

CLIENT INFORMATION

Send Analysis Report to:				Send Invoice to:			
Company				Company			
Name				Name			
Address Line 1				Address Line 1			
Address Line 2				Address Line 2			
E-mail				E-mail			
cc. E-mail				cc. E-mail			
Phone		Fax		Phone		Fax	

ANALYSIS REQUIREMENTS

Service level	<input type="checkbox"/> Pilot <input type="checkbox"/> Party <input type="checkbox"/> Umpire		Sample return	<input type="checkbox"/> Yes (billable) <input type="checkbox"/> No	
Priority	<input type="checkbox"/> Standard <input type="checkbox"/> Rush		Exchange service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refiner / Manufacturer					
Lot / Reference #	Refiner #	Material	Elements Required	Reporting Unit	Reporting State

Comments/Special instructions: