

ANALYSIS ORDER FORM

COMPANY AND CONTACT INFORMATION

Company Name _____	Your Name _____
Address _____	Email _____
Phone _____	Quote # (If Applicable) _____
Fax _____	

METHOD OF PAYMENT

Purchase Order #: _____	Credit Card (VISA, Mastercard) _____	Prepayment Check #: _____
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TYPE OF SERVICE & REPORT DELIVERY

Single Test	24-48 Hours (100% Surcharge)	Email Results
Duplicate Test (Extra)	2-5 Days (50% Surcharge)	FAX Results
Regular (10 working days)	Overnight Delivery (Extra charge)	Mail Results

SAMPLE TYPE

Component	Inorganic
Mineral	Organic
Particulate	Petroleum
Plating Bath	Polymer
Residue	Soil
Water	
Other: _____	

SAMPLE HANDLING

MSDS
Refrigerate
Freeze
Inert Atmosphere
Surface Analysis
Hygroscopic

SAMPLE PROPERTIES

Non-Hazardous
Hazardous
Explosive
Volatile
Special PPE _____
Pyrophoric
Biohazard
Toxic/Carcinogen
Other: _____

SAMPLE DISPOSITION

Sample remains the client's property and will be returned at client's expense unless otherwise indicated:

Suitable for landfill or sewer disposal
Return unused portion for disposal to: _____



PREPARATION NEEDED

Metallurgical Prep	_____
Dry	_____
Grind	_____
Water Prep	_____
HCl/HNO3 Acid Prep	_____
Other: _____	_____

LIST OF ANALYSIS

Special Instructions Attached	Hazardous Samples - Please describe composition and/or source of samples.
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SAMPLE DESCRIPTION	TEST DESCRIPTION	ESTIMATE OF VALUE OR RANGE	DETECTION LIMIT REQUIRED	METHOD

CUSTOMER APPROVAL

Please sign and date form to authorize your testing.

Customer Signature _____	Date _____
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