

For AMCL Use Only

Received By/Date:

Project Number:

Sample Submission Form

CONTACT INFORMATION	
Name:	
Company:	
Mailing Address:	
Phone:	
Email:	

PAYMENT INFORMATION	
Name:	
Phone:	
Email:	
Proposal #: <small>(if applicable)</small>	
PO# or Credit Card#:	
Name on Card:	
Billing Zip code:	
Exp. Date:	Security Code:

SAMPLE HANDLING			
Quotation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled Substance?	<input type="checkbox"/> N/A
Return Sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sched. II <input type="checkbox"/> Sched. III <input type="checkbox"/> Sched. IV <input type="checkbox"/> Sched. V
Sample Turnaround <small>(Surcharges apply for rush testing)</small>	<input type="checkbox"/> Premium Rush - 3 Business Days <input type="checkbox"/> Rush - 5 Business Days <input type="checkbox"/> Standard - 10 Business Days	Special Handling	

STORAGE	
Temperature:	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated (2-8 °C) <input type="checkbox"/> Frozen (-15 to -25 °C)
Light Sensitive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE INFORMATION <small>(attach separate sheet if needed, SDS required for processing samples)</small>		
Sample Name	ID/Lot	Testing requested

COMMENTS/SPECIAL INSTRUCTIONS	
Sign and Date:	

SHIPPING INFORMATION	
Mailing Address	AMCL: Gerald Poirier 221 Academy ST Newark De. 19716
Phone:	302-831-6795
Email:	gpoirier@udel.edu