



SUBMISSION FORM

SAMPLE IDENTIFICATION

Name:	
Institution:	
Street:	
City, State, ZIP:	
Results E-mail:	
Billing E-mail:	
PO Number:	

Analysis	Theory	% Found	

Analyze for:		Single <input type="checkbox"/>
		Duplicate <input type="checkbox"/>
Air Sensitive:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explosive:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hazardous:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sample Return:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Molecular Formula:		
Drying:	Yes <input type="checkbox"/> No <input type="checkbox"/> Temperature _____ °C Time _____ H _____ M	

Comments: _____

Received:

Completed:

Midwest Microlab

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